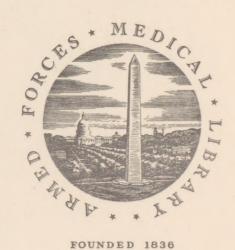


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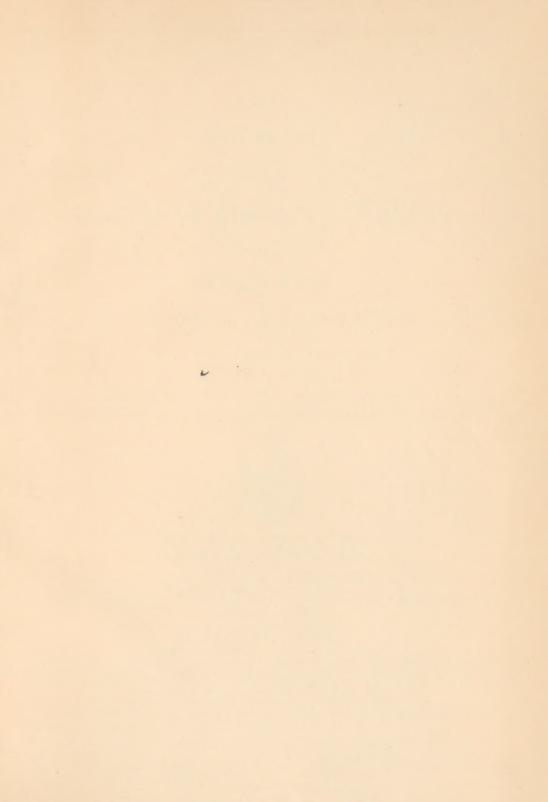
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NUMBER I.

VOLUME VI.

JULY, 1895.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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VOL. VI.

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NUMBER I.

Medical Hociety Papers.

Annual Report of the Committee on State Medicine.

BY A. B. LOVING, M. D., PINE BLUFF, CHAIRMAN.

[Read at the Nineteenth Annual Meeting of the Arkansas Medical Society.]

Mr. President and Gentlemen of the Arkansas Medical Society:

I, as chairman of your committee on State medicine, would make the following report.

I began early to communicate with the different members of the committee in the hope that a full report might be made, but only about one-half of the committee reported. I suggested that I was a new man at the business and would need their assistance and one brother said that I should do as the girl did when her father told her to whistle for a husband. "Whistle daughter, and I will give you a man. I never whistled daddy, but I will do the best I can." This I have done but have come to the conclusion that whistling will not do, and would suggest that the plan be adopted that the girl gives in her composition on the flea. She said that the best way to kill a flea was to press him between the thumb and forefinger until he

opened his mouth. I don't wish to kill any one but believe that the only way to get some of the gentlemen composing this committee to open their mouths is to press them between the thumb and forefinger.

We are glad to report that organized medicine in the State is on an upward grade and that quite a number of the county organizations are coming to the aid of our State society by urgent request through circular letters to all regular physicians throughout the State to become identified with the State organization and lend their aid and assistance to the upbuilding of the Arkansas Medical Society.

Now that our worthy secretary has seen fit to place before us an overloaded wagon of ex-presidents, we will need the assistance of every regular physician in the State so that they may place their shoulders to the wheel and push the wagon with its load through the "slough of despond" and land them on terra-firma that will enfuse new life and activity into their inactive bodies.

We are glad to report that our late general assembly made an appropriation to aid the State Board of Health in its efforts to prevent the spread of epidemic diseases in our State. This sum, though not sufficient in case of actual necessity, will be of great assistance in that direction.

Our State, as a whole, has been free from epidemics for the past year, save the *dread* of smallpox, which was for a time, the epidemic terror of the people of the entire State, while the dread disease was confined to a few localities, and did not become epidemic only in one place notably, Hot Springs.

La grippe, as usual for the past five or six years, made its annual visitation the past winter and spring, and in some localities was complicated with pneumonia of a severe type, and was exceedingly hard to manage.

Malarial diseases have been of much milder type than in former years and that form known as malarial hæmaturia is becoming less frequent each year. --

Typhoid fever, known as slow fever, typho-malarial, etc., prevails throughout the State and in towns where there is no sanitary system adopted for its prevention; it assumes almost an epidemic form and in many instances proves fatal.

We are glad to note that there is a growing tendency on the part of the people for a more thorough education on medical subjects, viz: Anatomy, physiology, and hygiene, and this being accomplished, the medical profession will be better leaders, or in other words, the people will be better followers of the advice given, and fall into line at a moment's notice. We congratulate the editor of the JOURNAL of the Arkansas Medical Society upon his untiring energy in the interest of organized medicine and extend him the right hand of fellowship and bid him a full and complete success in his undertaking.

Dr. Ino. A. Westerfield, of Pope County writes: "There is no disease prevailing in our section now. Health is very good. Some slight attack of catarrhal fever. Typhoid fever and mumps have since last meeting of the society prevailed to some extent. Typhoid fever during July, August and September prevailed at this point and in fact was general throughout the country. After the disease if fully confirmed, or diagnosed, and the stomach has been quieted from its first nausea, I place my patient upon four to six-grain doses of sulpho-carbolate of zinc, given in plain water every three hours, unless patient is sleeping. When the fever goes above 104 degrees, I use water, cold, with towels placed on the abdomen, breast and head. After my patient has taken the zinc for forty-eight hours I have no further trouble, no tympanites, delirium, headache, sweats, nor any untoward symptoms. My note book shows that the temperature drops down to 99 or 101 degrees for morning and 100 to 102 degrees in the evening. The bowels under this treatment always constipated. I give from one-half to a whole glass of fresh milk at each medicine time and forbid other forms of feeding. Salol has not been so satisfactory to me and makes the stomach sick. We have hill country in this immediate section, contiguous and to the south and east it is what is commonly called bottom land, being near the Arkansas River. Chills, remittent, and other malarial fever are almost a thing of the past. Our town is drained by a small stream and open ditches.

We have 85 or 90 per cent less pneumonia than is usual during our winters."

Dr. E. T. Pry from Lincoln writes as follows: "The prevailing diseases in this section are pneumonia in the winter and spring months, and those caused by malaria, the rest of the year. If the cases of pneumonia are seen early, a blister is applied to the affected side, temperature kept down with baths. Symptoms are then treated as they arise. Some one of the salts of ammonia is given as a stimulant expectorant. If the circulation gets weak and the fever suddenly goes down, a stimulant is required as digitalis and brandy or whisky in small quantities, frequently repeated. A nourishing diet is an important factor in the treatment which is as carefully prescribed as medicine. The treatment of malarial diseases is with the usual anti-periodic quinine, usually preceded by a mercurial purge.

In one form of the disease however, quinine is prohibited; that is in swamp fever. The main indications are to relieve the extreme depression and start the secretion. There has been no endemic or epidemic form of disease during the past year. The country is level river bottom and swamps."

- Dr. M. S. Dibrell writing from Crawford County says: "The prevailing diseases in this section are malarial, pneumonia, typhoid fever and la grippe. Scarlet fever has prevailed here as an epidemic during the past twelve months. La grippe has also prevailed to some extent. The topography of the country in this section is both hill and bottom lands."
- Dr. K. A. McIntosh writes from White County: "The prevailing diseases in this country is pneumonia and the malarial fevers. There has no epidemic prevailed in this section for the past year except a mild form of whooping cough."
- Dr. D. E. Evans writes from Izard County: "We have had no form of disease prevailing as an epidemic for the past

twelve months. The diseases peculiar to this country are malarial fevers, pneumonia and typhoid fever. Our county is mountainous."

- Dr. I. M. Poynor writes the following from Carroll County: La grippe and whooping cough have prevailed as epidemics in the past year. The prevailing diseases are typhoid, intermittent and remittent fevers and influenza among adults and cholera infantum among children. Hills and mountains in this section of the country."
- Dr. E. R. Armisted writes from Nevada County: "The topography of this section presents many interesting features. The undulations are gentle but sufficiently marked for good drainage when no obstruction exists. The surface in both prairie and timber is marked by a great number of mounds, resembling those left by the Indians. There are sluggish streams to carry off the rainfall to the rivers, the adjacent low grounds at which overflow and cause miasma.

We have prevailing in this section pneumonia, la grippe, continued, or what is here denominated slow-fever, and some other diseases peculiar to women and children. Slow-fever, so called, is perhaps the most prevailing type of all fevers. There are but few cases of intermittent, a few with congestive complications and occasionally a case of remittent. The treatment of slow-fever is supporting on nonspolative. General evacuants are commenced with, after which when the hang-on feature develops the doctor generally endeavors to conduct the case to a favorable termination by the control of temperature and heart supporting remedies and with nutrients. We have had no not able epidemic nor endemic disease the past twelve months."

Dr. S. M. Carrigan writes from Hempstead County: "The prevailing diseases in this section are remittent and intermittent fever, pneumonia and la grippe. There has been no prevailing epidemic or endemic, except la grippe in a mild form. This country surrounding this place is sandy, high and dry, with good natural drainage."

- Dr. B. W. Flynn from Prairie County writes: "During the year intervening between May last and the present time, nothing has occurred new or striking relative to this portion of the State. Prairie County has been unusually healthy for the past twelve months, and has been free from epidemic and endemic disease with the exception of a few cases of measles and la grippe. La grippe, as a rule, was much milder than of the preceding winters. In former winters, the sequlæ were of much graver import. Malarial fever has been less frequent in this county for the last year than for several years preceding. While we have had a few cases of pneumonia and malarial hemorrhagic troubles, most cases were of an intermittent and remittent type. The watter supply as a rule comes from bored wells and during the spring and winter, these wells fill up with surface water. If we had better drainage, more comfortable houses and good water, the malignancy of disease would be greatly lessened. Last fall we had quite a number of cases of continued malarial fever with small fatality."
- Dr. J. H. Gaines of Garland County writes: "Except as to an existing scare on account of smallpox, the condition of our city is about all that could be desired. We have a very low death rate among the resident population, but as we have a very large number of invalids seeking restoration here, we naturally lose some of them by death. The usual climatic diseases of this latitude prevail here to a very limited extent, and as a rule we are free from epidemics. Our drainage is excellent. The water most used is the hot water, and the water works furnish a supply of creek and spring water, which is largely used and usually very poor. There is a large number of wells used and so far as I know, no sickness is clearly traceable to them, though I regard them with suspicion."
- Dr. M. Y. Pope writes from Drew County: "The prevailing diseases here are malaria in its various forms, pneumonia and pleurisy in the spring and winter months; typhoid, or as it is ordinarily called in this section, slow-fever, though endemic, prevails principally in the late summer and autumn months;

also a great many cases of pulmonary consumption, principally among the negroes. The treatment which has been most satisfactory in pneumonia if full doses of veratium and jaborandi in the incipient stage, given with the hope of aborting the attack. If I fail in this, which I rarely do, I usually give quinine or salicylate of sodium with small doses of dovers powders and muriate of ammonia. If there is much depression, I substitute the carbonate for the muriate and add digitalis and strychnine and control temperature with phenacetine. In typhoid fever I usually give small doses of calomel until I get free action from the bowels, when I give a mixture of salicylate and benzoate of sodium, salol and powdered camphor. La grippe prevailed as epidemic here several months ago. The country in this vicinity is hilly, merging into slashes and swamp lands in the outskirts of the county."

Dr. E. Meek of Pulaski County writes: "The prevailing diseases in this section are la grippe and malaria, usually remittents. We have had no epidemic prevailing in this section for the past twelve months, a few sporatic cases of measles and a few cases of continued fever. The country in this section is about half bottom and hill land."

Dr. W. R. Hunt of Johnson County writes: "Our prevailing diseases here are those ordinarily found along the course of the Arkansas River and the treatment used has been that generally prescribed in the South by physicians contending with malarial poison. We have not had any epidemic or endemic disease prevailing here to any considerable extent during the past year.

The immediate change from cold to warm weather seemed to cause an outburst of malarial poison and our people here have chilled more since the 15th day of March than ever before in the same length of time. The water used for drinking comes from wells which range in depth from 13 to 25 feet. Ours is rather an undulating section 3 miles north of the Arkansas River with some lowlands and two or three small lakes between us and that stream. We have had nothing of special interest here the past year."

Dr. J. M. Jones writes from Jackson County: "Our county is very level, having no hills; part of our lands overflowing in time of high water. But our people have long since ceased to fear sickness from overflow but rather the reverse, as it acts more as a disinfectant than otherwise in carrying off all impurities.

Our county society is in a flourishing condition with a membership of about seventeen and we have some real old time love feasts. The prevailing diseases in this section are pneumonia, and malaria with some slow-fevers, erroneously called by some "Typho-malaria." We have had about the usual amount of pneumonia during the past season, but the fatality has been small. Have had but few deaths from malaria and slow-fevers. Unlike a few years ago, we have no malarial hæmaturia to contend with. We have had some of the eruptive diseases to-wit: Scarlet-fever, measles and chicken-pox. Our country seems to be growing healthier every year. Our people use hydrant and well water. Those using well water, disregarding the shallow well and going down 50 to 80 feet, getting good water, which I think has a great deal to do with lessening our malarial disease."

Dr. W. B. Deffenbaugh writes from Logan County: "We have had an epidemic of la grippe prevailing here some three weeks or more ago, and pneumonia despite fair weather, began to follow in its wake. The pneumonia has been very severe in type, but so far I believe only the aged and alcoholic have fallen victims. Rheumatism has been rather prevalent lately and of more than usual obstinance. Salicylates relieve but do not cure. Mumps is epidemic now. Dysentery prevailed about 7 miles from here as an epidemic last summer. As is usual in such forms, the disease was severe. All the cases, without exception, occurred along the banks of a small creek which was nearly dry, the water standing in holes. Owing to the branches being dry, the stock frequented this creek from a long distance and contaminated the water. Typhoid-fever used to prevail here, but owing to improved surface drainage, it is now quite

rare. Our little town has been cut up by the ditcher's spade to such an extent, as to seem unsightly in places, but improved health is given in exchange. We use well water principally. Malarial fevers prevail here in the fall but not severe in type. Our county is made up of mountains, bottoms, hills and valleys. Magazine Mountain, the highest in the State, is situated in Logan County and no healthier place is in existence."

Dr. A. B. Moore writes from Clarke County: "The most prevalent diseases of this section are the various forms of malarial troubles and the disorders of the alimentary canal, incident to childhood. During the winter and spring we have some pneumonia, but the last two years there has been much less than formerly and what there has been was of mild type and recovery the rule among the whites, but it kills the negro. Malarial diseases are much lighter and require less medicine than eight or nine years ago. We have had no malarial hæmaturia in this section for eight or ten years.

Congestive forms of malaria are much less common than in former years. Typhoid fever is the most severe trouble incident to this section for the last three years. Of late years we try to treat so as to let the patient get well, formerly we treated them to cure.

For the last few years it has been and now is the style to keep the alimentary canal in an aseptic condition by giving, at stated intervals, from three to six hours, some antiseptic agent that has been recommended for that purpose. For the high temperature cold water is accepted as the best, safest and the most soothing remedy of all.

Nux-vomica or strychnine is given through the disease to support and guard the heart. Digitalis or cactus is given to meet the same indications. We have had no epidemic prevailing here for the past twelve months. Artesian wells are almost universal in this immediate vicinity. Our town council have adopted strict sanitary measures and since their adoption we have had much less fever than in former years. We have no high range but the lay of the country is such as to make very good drainage."

Dr. W. B. Lawrence writes from Independence County "During the past year we have had about our usual number of cases of typhoid fever. This disease causes anxiety in the minds of our people. The physicians of our town have learned to treat the disease successfully. The disease presented a very mild type as only one death occurred while we had probably twenty-five or thirty cases in town.

We enforce the best sanitary measures possible, I mean so far as each case will allow, as will prevent the spreading of the fever. So far as malarial fevers, for some years past, we have noticed that they occur less and of a much milder form. The pernicious type is rarely seen. During the heated term, we, of course, have some bowel trouble here. Last year less than for many seasons past. A few cases of dysentery, diarrheea, and some cases of summer complaint with children. Mortality very light indeed. We have not had a case of diphtheria and only a few mild cases of scarlet fever, during the past year.

Consequently, upon the whole, the past twelve months has been very healthy. There has been no epidemic or endemic disease since our last meeting. As to climatic influences in the production of disease, only noticed that the hot weather, of course, brings some bowel troubles and malarial fevers, while frequent changes in the weather causes our pneumonias. Our water supply comes from open wells and cisterns in the town, while in the country it is obtained from wells, cisterns and fine springs. In that portion of the county supplied with springs health is better and less typhoid fever; whereas in the north-western part, where in the summer and fall, the water gets quite scarce, cisterns being rather numerous, the fever is much more prevalent.

We have no improved method for the prevention of disease, no sewerage, only a surface drainage. We have had, for fifteen years, an organized board of health; this board keeps a sanitary inspector, who visits public places and private residences, causing everything likely to produce sickness, to be destroyed by fire, or removed to some harmless locality. We

think much good, in the way of prevention of sickness, has been accomplished in this way. Our county surface is very much broken. We have many hills and running streams, consequently, the natural drainage is good."

- Dr. T. H. Ackerman of Cleveland County writes: "Bilious fever in its various forms is the most prevalent disease in this section. County generally level, with considerable water on the surface during the winter and spring."
- Dr. D. S. Drake from Lee County writes: "We have intermittent and remittent fevers here, principally in the summer and fall and pneumonia in the winter and spring.

We have an epidemic of measles at this time. Our town is situated on the west side of Crowley's ridge, about one-quarter of a mile from the river, and bounded on east by river bottoms and for several miles around in the other direction by Crowley's ridge and what is called "Flat-woods." Our county is mostly level."

Dr. R. S. Blair of Stone County writes as follows: "The prevailing diseases in this section are pneumonia in the winter and malarial fevers in the summer. We have had no epidemics in our county for several years. The water supply is springs and wells.

Sulphur and iron are the principal mineral elements found in the water. The county is mountainous and rough."

Dr. C. R. Shinault writes from Phillips County: "Like a larger portion of the Delta district, we have not much of a variety of diseases. Malaria with its sequelæ and venereal diseases predominates. Of course, the malaria is treated in keeping with the type. The old 'sheet anchor quinine' still holds good, but it is not so abused as in by-gone days. I find the majority of our physicians have about abandoned the use of quinine in malarial hæmaturia.

Measles and mumps have prevailed as epidemics throughout the country. Pneumonia, I believe, is brought about, and occasionally aggravated by the fluctuating weather. About twothirds of the country use cisterns, and the other third, driven wells; no springs worth mentioning. Our hydrant water (artesian) is regarded as being very fine and is largely saline. The city of Helena is rather lowly situated on the west side of the Mississippi River and is almost surrounded by Crowley's ridge, which terminates just below the city. Within the past seven years the city has been filling in (the average being about 7 feet) which is considered the most important sanitary measure we have. Our drainage within the city limits is fairly good except during high water, which only lasts about thirty days. Phillips County is about two-thirds second bottom land and hills, the remainder low, but fairly well drained lands. The northern portion of the county is drained by the St. Francis River; on the east, Lick creek drains to the south; the eastern half and the Mississippi River borders on the east."

Dr. J. T. Clegg writes from Benton County: "The prevailing diseases in my section are pneumonia in the winter; dysentery in the summer and autumn, and rheumatism in the spring and latter part of winter. The treatment generally used in pneumonia is expectorants and cardiac stimulants (ammonia, digitalis or strychnine; no quinine) with mild counter irritation over the chest with tincture of iodine and simple cotton batting. For dysentery usually the saline purgatives with opiates. For rheumatism, the salicylates in some form. There has been no epidemic or endemic form of disease during the past year except whooping cough. The variableness of the temperature during the winter and spring months tend to cause pulmonary and rheumatic troubles. The mean elevation of Benton County is 1,200 feet, some points as low as 1,000; others as high as 1,400 above the sea level. The county makes, practically, the dividing line between the prairies of the west and the forests of the south, and partakes of the nature of both climates. The county being on the west slope of the Ozark Mountains, is well drained by sufficient streams, which are fed by numerous springs of cold, soft water, with a variable temperature of from 45 to 60 degrees. There are one or two white sulphur springs in the county. Deep borings in the northern part of the county make

flowing wells of sulphur water. The sanitary condition of this city is as good or better than most towns of its size. The town is practically a new one, some 2,000 of its population have been added to it in the last eighteen months. There are many things lacking in the way of sanitation. The natural drainage is perfect, and having rainstorms, most of its surface is as clean as a kitchen floor should be once a year, but beyond what nature has done in a sanitary line, is generally left undone.

There has been no prevalent disease in the past year, except, perhaps, whooping cough. Speaking of epidemics, quite an interesting phenomena occurred here last January, illustrating how epidemics might spread from one section of the country to another in spite of quarantine or any other preventive measures. The ground here, and a number of miles north of here, was covered with snow, practically unbroken, at which time a heavy windstorm blew for several hours from the north or a little west of north, bringing with it a fine dust, enough to discolor the snow surface and give it a dark brown appearance, The dust must have been blown from Nebraska or northern Kansas, a distance of 300 miles or more, as the earth was covered with snow for at least that distance.

This shows the possibility of disease germs being carried several hundred miles by the wind. This probably accounts for the occasional outbursts of contagious diseases that sometimes occur, and what appears to be of spontaneous origin. This occurs, perhaps, more often in typhoid fever than in any other infectious disease, because it is, perhaps, the most widespread of them all."

What Next?

The butchers and fishmongers in England may soon be required to pass an examination in microscopy before being granted a license. The matter is being seriously considered, and the functions of the future butcher will doubtless involve not only the slaughter and sale of animals, but the study of animalculæ as well.

The Actiology and Treatment of Pruritus Ani.

BY C. TRAVIS DRENNEN, M. D., HOT SPRINGS.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

In discussing the ætiology and treatment of pruritus ani it will be necessary to take notice of the different diseases which serve as exciting or predisposing causes. Kelsey believes it to be merely a symptom of some local or constitutional disease, such as eczema, constipation or many other diseases to which he cites our attention but goes on further and admits that it will frequently be found where no cause for its existence can be ascertained. Now we do not believe with Kelsey that no cause can be found in these cases, but to the contrary. No matter what the exciting or predisposing cause or causes may have been there is a cause sui generis that operates in all these cases, which is sufficient to make it a disease per se. I have seen it persist in its most maddening form goading the sufferer to the very point of sheer desperation thereby forcing him to scratch and dig with unrelenting fury until temporary relief would come long after constipation, the exciting cause, had been removed. To illustrate, constipation where the fecal matter is pressing down the hæmorrhoidal blood vessels causing congestion, which in turn, produces irritation of the terminal nerves, itching, scratching and consequent thickening of the skin which in its nature may be either acute, sub acute or chronic will be the result. Mathews, to whom we are most indebted for the hints thrown out in the method of treatments says: That pruritus is the most intractable of all the diseases of the anus or rectum and deserving of our earnest consideration and attention and I am sure that those of you who have seen this disease will most heartily concur in that statement.

Now as to treatment, a few hints only can be given before going to what I consider the radical treatment of *pruritus ani*. It is absolutely necessary to remove the exciting cause or causes

in these cases to make a permanent cure. We grant in the outset that this cannot always be accomplished but these are decidedly the exceptions rather than the rule. Among the exciting causes that are local, we will mention pediculi, eczema, erythema, in fat people, thread worms, which are to be found in the radiating folds at the margin of the anus, lack of cleanliness, the disease known as eczema marginatum, which is most easily cured by rubbing well into the parts night and morning for a week or so an ointment containing from ten to thirty grains of chrysophanic acid to the ounce of vaseline, hæmorrhoids, fistula, fissures, etc. Some other causes that we would consider as reflex or constitutional are stone in the bladder, chronic inflammation of the deep urethra, stricture of the urethra, pelvic tumors, uterine derangements, functional disorders of the liver, diabetes, constipation and lastly but not least gastro-intestinal disorders, especially that form that is so commonly known as atonic dyspepsia superinduced by smoking, drinking, irregular eating, irregular sleeping, in fact you might say irregular in all the walks of life. The treatment which tends to the best results is a light breakfast, no luncheon, a good dinner, plenty of hot water an hour before and between meals and following the homely road of correct habits. Many and innumerable are the local and constitutional remedies we have for the relief of this affection, none of which will I burden you with but refer you to the text-books on this subject. We do not wish to be thrown out upon the broad field of empyricism or be known as a routinist when we suggest one method which is conducive to the best results in all these cases where no exciting cause or causes remain, that of stretching the rectum and following it up with some procedures which we will endeavor to explain in detail. After having anesthized the patient and placed him in the lithotomy position proceed to divulse the rectum either by using the thumbs, or if the hand be small introduce it well into the rectum, beginning with the index finger and following it up with the middle and so on until the whole hand is within the rectum, gradually closing the hand and withdrawing until

the contraction of the sphyncter muscle is completely overcome, observing the utmost gentleness and care, less violence to the tissues be done, taking in all from three to five minutes. After this take a sharp curette and simply remove every vestige of the thickened and parchment-like membrane. When this will have been done you will have a complete change in the condition of the parts; you will have converted a chronic inflammation into that of an acute whose tendency is always to recovery. You will have removed the contraction of the sphyncter muscle which will admit of a freer circulation of blood through the parts and taken off entirely the pressure on the terminal filaments of the nerves. In conclusion we would say that we believe in the radical and surgical treatment of pruritus ani as a disease per se, and that these remarks have been prompted not alone, by theoretical investigation or inquiry but by practical results.

The Treatment of Diabetes Mellitus.

BY WILLIAM THOMPSON, M. D., LITTLE ROCK.

I give below the treatment used by me for the last fifteen or twenty years:

RECIPE: Pot. Bromidi......ii ounces.

Spts. Ammo. Aro.....ii fluidounces.

Aquae q. s. ad......viii fluidounces.

Mix.

Dose: Take two teaspoonfuls in water three times daily, before meals.

Or;

RECIPE: Pot. Bromidi.......ii ounces.

Spts. Ammo. Aro.....ii fluidounces.

Liq. Pot. Arsenii fluiddrachms.

Aquam q. s. adviii fluidounces.

Mix.

DOSE: Take two teaspoonfuls three times daily in water, after meals.

These two prescriptions form the base of my medical treatment. The usual diabetic diet is enjoined upon my patients, except that milk of all kinds is allowed to the patient's desire. I have treated quite a number of cases of diabetes with these

formulas with very satisfactory results, never failing to reduce the quantity of urine to about the normal quantity, and cause the sugar to disappear, except a trace in some cases. The thirst and dryness of the fauces and skin are relieved very soon after the beginning of treatment, and in the course of a few months the patient is restored, at least temporarily, to his usual health. I will give below a case in illustration:

I was consulted on the 25th day of April, 1805, by Mr. R., age 56 years, height 5 feet 8 inches, weight 155 pounds, former weight 185 pounds, sanguine temperament, lawyer by profession, American by birth, and a gentile. Within the last four years he has had four attacks of embolism of cerebral arteries, or intracranial hemorrhage. These attacks were followed by paralysis of the left arm and leg. The arm has never recovered, the muscles are very much contracted. The lower limb has partially recovered, enabling the patient to walk with a dragging motion of the left foot. He always, after those attacks, has had aphasia and loss of memory. He was at this time (April 25, 1895) passing 128 ounces of urine, with a specific gravity of 1035. Fehling's test gave a ready and large precipitate of copper. I was not prepared to get the accurate per centage. Heat and nitric acid gave 25 per cent by volume of albumin. He was placed upon the following prescription:

DOSE: Take two teaspoonfuls in water three times daily, after meals.

Also;

RECIPE: Blaud's Mass.

Mix. Divide in capsules, No. XXX.

DOSE: Take one before each meal.

He was put upon the usual diabetic diet, except that he was allowed all the milk he desired. He was directed to re-

port the quantity of urine passed in twenty-four hours every fourth day. The following is his report with the results of my examinations of the same:

April 25, 1895, passed 128 ounces; specific gravity 1035; sugar approximated 3 per cent; albumen 25 per cent by volume.

```
April 29-96 ounces; specific gravity, ......; sugar, 3 per cent.
May 3-80
                                      1020:
                                                   21/2 11
 6.6
     9---80
                                      1020:
     13-64
                                                   2 1/2
                                      1030;
     18-48
                                      1022;
                         6.6
     2-48
                                                        6.6
Tune
                                      1022:
      8-48
                                                   1/2
                                                        6.6
                                      1020;
```

The albumin gradually became less, until on June 8th it amounted to about 2 per cent by volume only.

The amount of sugar on June 8 was really less than one-half of I per cent, as there was no precipitate of copper formed until the heated mixture of urine and test fluid cooled. I have seen nowhere this line of treatment suggested, and as I think that I have had better results than I have seen claimed by any one else, I thought it advisable that I give publicity to the treatment used by me. I would add in regard to the foregoing case, it was impossible to get any previous history. He had been treated for something, for several years, but was unable to give me the diagnosis of but one physician, who, a few months before, had treated him for albuminaria.

Association of Military Surgeons.

This organization, after a very successful meeting at Buffalo on the 23d ult., adjourned to meet in 1896 in Philadelphia. The officers for the ensuing year are: Lewis W. Read, of Pennsylvania, president; Albert Gihon, U. S. N., first vice-president; C. H. Alden, assistant surgeon-general U. S. A., second vice-president; E. Chancellor, of St. Louis, secretary; Lawrence C. Carr, Cincinnati, treasurer.

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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PUBLISHED MONTHLY, - - - - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A.
L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

ADVERTISING RATES.—The charges in the following table are fixed and invariable. No proposition for a less rate will be considered.

SPACE.	One	Six	Three
	Year.	Months	Months
One pageOne-half pageOne-fourth page	\$50.00 30.00 20.00 15.00	\$30.00 20.00 15.00	\$20.00

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VOLUME VI.

JULY, 1895.

NUMBER I.

Editorial.

The Standing Committees.

The standing committees for the current year are published elsewhere in this number. In all large organizations the greater part of the work is accomplished through committees. Without thorough committee organizations not much can be done, however enthusiastic the general body may be. There never has been a time in the history of our society when the committees

were fewer in number and had more revolving upon them. More counties are represented on the committee on State medicine than have ever been before, and this numerical increase gives wide range to the scope of the committee, so that their next report ought to be the best ever prepared on that subject in our State. The committee on State medical legislation and education is as large as that on State medicine. The importance of this committee at this time can hardly be over-estimated.

The society is better organized now than ever before, and if the individuals composing the committees come up to the requirements of the situation the Fort Smith meeting will be an improvement on any medical meeting ever held in Arkansas.

It will be noticed that a number of counties have no member of the State society residing in them. Most of these counties have worthy regular physicians whose services could easily be enlisted in the work of the society. The JOURNAL suggests that in order to cover the entire State the chairmen of the committees on State medicine and State medical legislation and education respectively, ask the coöperation of at least one physician in each of the unrepresented counties.

The committees with their chairmen have been selected solely with the object of accomplishing the purposes for which they were created. If any members of any the committees are unable or unwilling to perform the part assigned them they will confer a favor by notifying the president of the society at once so that there will be no vacancies in the committee, and no inactive member will simply fill space that ought to be given to a worker.

Sustaining the Governor's Veto.

The JOURNAL has received from an esteemed correspondent a letter from which the following is extracted:

 comer and not much is known of him except that he is not much of a doctor. Medical legislation, so far as this county is concerned, has taken a stride backward. I guess that we now have the most ignorant board that we ever have had. So much for the last Arkansas legislature."

Editorial Notes.

The Arkansas Medical Society now has members residing in fifty-three of the seventy-five counties in Arkansas. Let us go to work to get the other twenty-two and make it unanimous.

It will be just nine months until our next annual meeting. This is the period of gestation in woman. Suppose you plan a germinal thought in your head now, add to it every month and bring forth a fully developed paper at Fort Smith next April.

Every member ought to carefully read the list of committees published in this number. The secretary of the society will notify the members of their appointments and request them to state whether they will serve.

Copies of the constitution and code of ethics can be had by writing to the secretary of the society, Dr. Frank Vinsonhaler, Masonic Temple, Little Rock. These documents are printed for free distribution throughout the State.

Thyroid Therapeutics.

Doctor Clark, of London, has employed Thryroid extract with very satisfactory results in chronic cardiac disease with a marked weakening of the cardiac muscle, which is usually the beginning of asystole.

The Arkansas Medical Society.

OFFICERS OF THE SOCIETY 1895-96.

President-L. P. GIBSON, Little Rock.

First Vice Pres.—J. W. Haves, Marianna. Secretary.—F. Vinsonhaler, Little Rock. Second V. Pres.—W. W. Hipolite, Devall's Bluft. Treasurer.—A. L. Breysacher, Little Rock. Board of Censors—J. S. Shibley, Paris; W. B. Lawrence, Batesville; J. A. Dibrell, Jr., Little Rock; J. T. Jelks, Hot Springs; T. J. Wright, Fort Smith. Section on Practice of Medicine—E. R. Dibrell, Chairman, Little Rock; C. T. Drennen, Secretary, Hot Springs.

Section on Surgery.—W. B. Deffenbaugh, Chairman, Paris; E. A. Baxter, Secretary, Welbourpe.

Melbourne. Section on Obstetrics and Gynecology-J. C. Amis, Chairman, Fort Smith; C. E. Hurley, Secretary, Bentonville.

The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

Committee of Arrangements—(Selected by the Sebastian County Medical Society). J. G. Eberle, Chairman, W. W. Bailey, E. G. Epler, H. Moulton.

Committee on Credentials—Geo. F. Hynes, Chairman, T. J. Wright, F. Vinsonhaler.

COMMITTEE ON STATE MEDICINE.

E. G. EPLER, Chairman, Fort Smith.

COUNTY.	NAME.	POST OFFICE.
Arkansas	W. H. Morehead	De Witt.
Ashley	. W. Simpson	Berea.
Baxter	I. B. Simpson	Mountain Home.
Benton	C. E. Hurley	Bentonville.
Boone	ohn Bolinger	Lead Hill.
Carroll	D. Jordan	Eureka Springs.
Clark Clay	, A. McCallum	Arkadelphia.
Clay	W. B. Shields	St. Francis.
Cleburne	W. J. Hornbarger	Heber.
Cleveland	W. W. Breathwit	Kingsland.
Columbia	W. N. Warren	Buckner.
Conway		
Craighead	C. M. Lutterloh	Jonesboro.
Crawford	M. S. Dibrell	Van Buren.
Cross	[. L. Hare	Wynne.
Dallas,	Z. J. Lantorn	Dalark.
Drew.	F. M. Loper.	Monticello.
Franklin	H. H. Turner	Ozark.
Garland	W. H. Barry	Hot Springs.
Hempstead	S. M. Carrigan	Washington.
Hot Spring	F. Graham	Malvern.
Howard	J. T. Whitmore	Centre Point.
Independence		
Izard	D. E. Evans	Barren Fork.
Jackson	. S. Graham	Tuckerman.
letterson	Z. Orto	Pine Bluff.
Johnson	;. D. Huddleston	Lamar.
Latavette 1	W. Youmans	New Lewisville.
Lawrence		
Lee	'. J. Robinson	Marianna.
Lincoln I		
Logan I	H. H. Keith	Dublin.
Lonoke	A. Corn	
Marion	W. R. Brooksher	Yellville.
Miller V	V. C. Spearman	Texarkana.
Mississippi	R. C. Prewitt	Osceola.
Monroe 1		
Nevada I		
Ouachita		
Phillips	I. Fink	Helena.
Polk I	., B, Sutherland	Cove.
Pope	. A. Westerfield	Atkins.
Prairie	. R. Lynn	Des Arc.
Pulaski F	R. B. Christian	Little Rock.
St. FrancisV		
Scott	. A. Sanford.	Waldron.
Sebastian	G. G. Epler, (Chairman)	Fort Smith.

COUNTY.	NAME.	POST OFFICE.
Sharp	John Johnston R. S. Blair	Sidney.
Stone		
V.in Buren		Clinton.
Washington	A. G. Henderson	Fayetteville.
White	J. M. Jelks	Searcy.
Woodruff	J. M. Jelks L. A. Jelks	McCrory.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.	NAME.	POST OFFICE.
COUNTY. Arkansas Ashley Baxter Benton Bo one Bradley. Calhoun Carroll Cheot Clark Clay (leburne Cleveland. Coumbia Conway Craighead Crawford Crittenden Cross Dallas Desha Drew Faulkner Franklin Fulton Garland Grant Greene Hempstead Hot Spring Howard Independence	I H Hutchinson	De Witt
A shlav	Eugene Christian	Portland.
Rayter	I B Simpson	Mountain Home.
Benton	T. W. Hurley	Bentonville.
Boone	A. J. Vance	Harrison.
Bradley	No member of the State Society res	ides in this County.
Calhoun		66 66 66 66
Carroll	W. A. Reese	Eureka Springs.
Chicot	No member of the State Society res	ides in this County.
Clark	J. C. Wallis	Arkadelphia.
Clay	. W. B. Shields	St. Francis.
Clauster d	C A Samfold	Tolodo
Columbia	W N Warren	Ruckner
Comment	A R Bradley	Plummerville.
Craighead	I. H. Kitchens	, Jonesboro.
Crawford	J. A. Dibrell, Sr	Van Buren.
Crittenden	No member of the State Society res	ides in this County.
Cross	J. I., Hare	Wynne.
Dallas,	Z. J. Lantorn	Dalark.
Desha	No member of the State Society res	Monticella
Daultenes	No mamber of the State Society and	ides in this Country
Franklin	W A Amis	Ozark
Fultan	No member of the State Society res	ides in this County.
Garland	T. E. Holland, (Chairman)	Hot Springs.
Grant	No member of the State Society res	ides in this County.
Greene	66 66 66 66 66	
Hempstead	R. M. Wilson	Hope.
Hot Spring	J. F. Graham.	Malvern.
Howard Independence	. J. S. Corn	Nashville.
Independence	D. C. Ewing	Batesville.
Izard	I M Jones	Melbourne.
Lefferson	A C Jordan	Pine Bluff
Johnson	W R Hunt	Coal Hill.
Lafavette	F. W. Youmans	New Lewisville.
Lawrence	.W. J. Hatcher	Imboden.
Lee	. J. W. Hayes	Marianna.
Lincoln	W. M. Bittinger	Grady.
Little River	No member of the State Society res	sides in this County.
Logan	. J. S. Shibley	. Paris.
Lonoke	G. W. Granberry	Lonoke.
Marion	W D Recokeher	Vellville
Miller	W. C. Spearman	Tevarkana.
Mississippi	R. C. Prewitt	. Osceola,
Monroe	E. T. Murphy	Brinkley.
Izard Jackson Jefferson Johnson Lafayette. Lawrence Lee Lincoln Little River Logan Lonoke. Madison Marion Miller Mississippi Monroe. Montgomery Nevada Newton Ouachita Perry Phillips Pike Poinsett Polit	No member of the State Society re-	sides in this County.
Nevada	E. R. Armistead	Prescott.
Newton	No member of the State Society re-	sides in this County.
Ouachita	A. B. Loving	Caniden.
Petry	No member of the State Society res	Helena
Pillings	No member of the State Society	ide in this County
Poinsett	66 66 66 66 66 66 66 66 66 66 66 66 66	6 66 46 66
Polk	L. B. Sutherland	Cove.
Pone	W. H. Hill	Russellville.
Prairie	W. W. Hipolite	Devail's Bluff.
Pulaski	. J. H. Southall	Little Rock.
Randolph	No member of the State Society res	ides in this County.
Saline		66 66 66
Scott	. A. A. Sanford	Waldron.
Searcy	No member of the State Society res	ides in this County.
Sepastian	No momber of the State Seci-	Fort Smith.
Sharp	Lohn John ton	Sidney
St Francis	I. R. Carson	Forrest City.
Poinsett Polk Polk Poly Prairie Prairie Pulaski Randolph Saline Scott Searcy Sebastian Sevier Sharp St. Francis Stone Union	R. S. Blair	Mountain View.
Union	No member of the State Society res	ides in this County.
		,

COUNTY.	NAME.	POST OFFICE.
Van Buren		
Washington	T. W. Blackburn	Fayetteville.
White	D. H. Stayton	Searcy.
Woodruff Yell	L. A. Jelks	McCrory.
Yell	No member of the State Society:	resides in this County.

Committee on Necrology-J. W. Hayes, Chairman, Marianna; J. T. Jelks, Hot Springs; F. Vinsonhaler, Little Rock.

Time of Meeting 1896.

Wednesday, April 29, 1896, has been designated as the time of meeting at Fort Smith.

The American Medical Association will meet at Atlanta, Ga., Tuesday, May 5, 1896. As a considerable number of our physicians always attend the national association we have endeavored to arrange our meeting so as not to conflict.

County Hocieties.

"Slow-Fever."

The report of the committee on State medicines shows that "slow-fever" is quite prevalent in our State at certain times.

To the secretaries of county societies, all of whom seem to be suffering from the chronic form of this malady, we suggest the use of a little will-power in connection with gentle exercise of some of the phalanges of the right hand.

Only Three.

According to the new constitution, "three or more members of the profession in any county in this State, who desire to do so, may form themselves into a county society," etc.

It will be observed that the language of the statute plainly states, that only those who *desire* to do, etc. If the desire is there, all the necessary steps will surely follow, and every county in the State, with two or three probable exceptions, will have a county medical society by next April.

Madison County.

From advices recently received from the above county we are informed that the physicians are going to organize the Madison County Medical Society. This is the first gun of the coming campaign and its report should reverberate throughout every unorganized county until the entire medical profession is awakened.

There are twenty-two vacancies in the committee on State medical legislation and education because there was that number of counties in which no member of the State society resides. Just a little missionary work will bring them all into the fold.

Miscellany.

Character Sketch of Dr. E. H. M. Parkham.

BY W. B. BARNER, M. D., LITTLE ROCK.

Several weeks ago I had the pleasure of visiting an old pioneer of the medical profession of Arkansas. To me he is quite an interesting character, and it is possible that he is the oldest medical practitioner in the State. It occurs to me that it will be a compliment worthily bestowed to have preserved in the columns of our JOURNAL a short sketch of this noble man—I refer to Dr. Edward H. M. Parkham. He was born in Brunswick County, on the 9th of November, 1816. He lived the life of a farm boy almost without educational advantages till about 18 years of age, when a fine classical teacher settled and opened a school in the neighborhood. He became a diligent pupil in this school, and within two years he had read the full college course in Latin, besides a moderate course in Greek. So perfect is his memory that even now he can repeat almost entire pages from Cæsar, Virgil, Ovid, Sallust, Cicero, Horace, etc.

He began the study of medicine in 1838, in the office of his elder brother, Dr. William L. Parkham who died soon after.

He continued the study of medicine now under his oldest brother, Dr. Thomas Parkham, and in the meantime taught a country school to accumulate funds to pay his college expenses. He entered the medical department of the University of Pennsylvania, where both his elder brothers had graduated in the fall of 1841; he received his degree from that institution in 1843. On the 4th of July following he married a young lady of the neighborhood who was to him a faithful and devoted companion until her death which occurred only several years ago. So even and sweet spirited is he, that this event in his life is the only one I ever knew that left an indelible impress of sorrow upon him. He practiced in the neighborhood of his youth till 1858. when he removed to Mississippi and settled temporarily in Tippoh County. Here he did not engage actively in practice, intending to move further West, In 1859 he moved to Dallas County, Ark., and has been regularly engaged in the general practice to the present time. He, now in his 79th year, is still engaged most zealously and successfully in his professional duties at Fordyce, Ark. Malarial and enteric diseases have almost become a specialty with him, having developed a course of treatment which his phenomenal success has proved to be almost a specific in that dreadful disease, malarial hæmaturia, losing only four cases out of 104 treated. He is still a most diligent student of medicine, and writes frequently for several of the Southern medical journals. His articles are clear, scientific and practical, and are accorded a prominent place. As a man of lofty integrity and genuine purity of life, I think I have never known his superior. His word has always been accepted as a settlement of any matter of fact coming within the range of his knowledge. Though having pursued the practice of medicine for a period of fifty-two years, he is comparatively poor. He has not been led by sordid ambition, but on the contrary has devoted his life and talent to the relief of suffering wherever found, and to the upbuilding of the profession-surely there must be a rich reward awaiting this good man.

Modern Developments of Harvey's Work.

BY T. LAUDER BRUNTON, M. D., LONDON, ENG.

A consequence of the circulation to which Harvey called attention has now become of the utmost importance, admixture of blood from various parts of the body. After describing the intestinal veins Harvey says: "The blood returning by these veins and bringing the cruder juices along with it, on the one hand, from the stomach where they are thin, watery, and not yet perfectly chylified, on the other, thick and more earthly as derived from the faces, but all pouring into his splenic branch are duly tempered by the admixture of contraries." Harvey's chemical expressions are crude since chemistry as a science only began to exist about a century and a half after Harvey's death; yet the general idea quoted is wonderfully near the truth. The most important constituents of the blood are sodium-chloride and water. Sodium-chloride is a neutral salt, but during digestion both in water are decomposed in the gastric glands and hydrochloric acid is poured into the stomach; while a corresponding amount of soda is returned into the blood and its alkalinity increases pari passu with the acidity of the stomach. Part of this alkali is excreted in the urine so that the urine during digestion is often neutral or alkaline and possibly some of it passes out through the liver with the bile of the pancreas and intestinal juice where, again mixing with the chyle from the stomach, neutralization takes place, so that neutral and comparatively inactive sodium-chloride is again formed from the union of active alkali and acid. But it is most probable that what occurs in the stomach, occurs also in the other glands, and that it is not merely excess of alkali resulting from gastric digestion which is poured out by the liver, pancreas and intestine, but that these glands also decompose salts, pour the alkali out through the ducts and return the acid into the blood. But leaving the region of definite fact and passing into that of fancy, the fancies are not entirely baseless and may show in what direction to search out and study the secrets of nature by way of experiment; for what is apparently certain in regard to the decomposition of sodium-chloride in the stomach, and probably in the case of neutral salts in the pancreas and intestine, is also probable in that important though as yet very imperfectly known class of bodies which are known as zymogens, just as in the stomach an inactive salt excites an inactive pepsin poured into the stomach. But is the pepsin the only active substance produced? Has no other body resulting from decomposition of the pepsinogen, been poured into the blood while the pepsin passed into the stomach? Has the inactive peptogen not been split up into two bodies, active when apart, inactive when combined? May it not be fitly compared to a cup or glass harmless while whole but yielding sharp and even dangerous splinters when broken although these may again be united into a harmless whole. In the pancreas there is an indication that something of the kind takes place since Lepine has discovered that, while this gland pours into the intestine a ferment which converts starch into sugar, it pours through the lymphatics into the blood another ferment which destroys sugar. Whether a similar occurrence takes place in regard to its other ferments in the pancreas or in the glands of the intestine is not known nor is it yet known whether the same process goes on in the skin and whether the secretion of sweat which is usually looked upon as its sole function does not bear the same relationship to cutaneous activity which secretion of bile bears to the functions of the liver. There are indicatious that such is the case, for when the skin is varnished not only does the temperature of the animal rapidly sink, but congestion occurs in internal organs and dropsy takes place in serous cavaties, while in extensive burns of the skin rapid digestion of the blood corpuscles occurs. It is obvious that if this idea be at all correct a complete revolution will be required in the views we have been accustomed to entertain regarding the action of many medicines. In the case of purgatives and diaphoretics, for example, we have looked mainly at the secretion poured out after their administration whereas it may be that the main part of the benefit that they produce is not by

the substance liberated through the secretions they cause but returned from the intestine and skin into the circulating blood.

How important an effect, the excessive admixture of the juices from one part of the animal body with the circulating blood, might have, has been shown in the most striking way by Wooldrige. He found that the juice of the thyroid gland injected into the blood would cause it to coagulate almost instantaneously and kill the animal as quickly as a rifle bullet. What is powerful for harm is likewise powerful for good in these cases and the administration of thyroid juice in case of myxœdema is one of the most remarkable therapeutic discoveries of modern times. Since the introduction by Corvisart of pepsin as a remedy in dyspepsia, digestive ferments have been largely employed to assist the stomach and intestine in the performance of their functions, but very little has been done until lately in the way of modifying tissue changes in the body by the introduction of ferments derived from solid organs. For ages back, savages have eaten the raw hearts and other organs of the animals which they have killed or the enemies they have conquered under the belief that they would thereby obtain increased vigor or courage, but the first definite attempt to cure a disease by supplying a ferment from a known glandular organ of the body was made in Harvey's own hospital by the use of raw meat in diabetes. It was not, however, until Brown-Sequard recommended the use of testicular extract that the attention of the profession became attracted to the use of extracts of solid organs. Since then extract of thyroid, extract of kidney, and extract of supra-renal capsule have been employed but they are only upon trial, and their limits of utility have not been definitely ascertained.

Another therapeutic method recently introduced bids fair to be of the utmost importance, treatment of disease by antitoxins. The discovery of dependence of disease upon minute organisms may be ranked with that of Harvey, in regard to the far-reaching benefits which it has conferred upon mankind and simplicity of its origin. "Why does a crystal of tartaric acid

sometimes crystallize in one form and sometimes in another?" These minute organisms, far removed from man as they are in their structure, biology and position, appear in some respects to resemble him in the process of growth and nutrition. They seemingly have the power of splitting up inactive bodies into substances having a great physiological or chemical activity. From grape sugur which is comparatively inert, they produce carbonic acid and alcohol, both of which have powerful physiological action. From inert albumen they produce albumoses having a most powerful toxic action, and to the poisonous properties of these substances attention was for awhile alone directed, but it would appear that at the same time that they produce poisons they also form antidotes and when cultivated without the body and introduced into the living organism they give rise to the production of these antidotes in still greater quantity, and by the use of antitoxin tetanus and diphtheria appear to be deprived of much of their terrible power. The plan of protection from infectious diseases first employed by Jenner is extended to other diseases and protective substances formed in the body and their mode of action are being carefully investigated. The introduction of either the pathogenic microbe or of toxic products appear to excite in the body a process of tissue change by which antitoxins are produced which may be employed either for the purpose of protection or cure. Wooldrige has shown that thyroid juice destroys anthrax poison. It seems probable that increase of the circulation of certain organs will increase their tissue activity and thus influence the invasion or progress of disease. In muscles the circulation may be affected by voluntary exertion and by passive massage both of which measures influence the constituents of the blood generally.—The Medical Standard.

Recent Developments of the Spirit of Surgery.

The London correspondent of the Medical Record, June 15, 1895, vividly portrays in his quotations from the annual oration of Mr. Pearce Gould at the recent Conversazoine of the

Medical Society of London, the latest aspects of the evolution of surgery, comprising five important changes, which we freely quote in the words of the writer:

1. The removal of the formerly admitted anatomical restrictions upon surgical operations, sometimes spoken of as the extension of surgery into new regions. Up to a very recent day surgeons have only removed bone, and carefully abstained from interference with the brain. Trephining is now only an incident in an operation directed to treatment of the membranes of the brain. So our immediate predecessors operated timidly, if at all, upon the posterier part of vertebral column. Of the surgery of the thorax the same holds true. Now, not only the pleura but the lung itself is freely operated upon, and the chief bar to further pulmonary surgery is the difficulty of precise diagnosis and localization of lung diseases. The pericardium is aspirated or drained without hesitation, and the suggestion has been made not only to tap the heart itself, but to treat wounds of its muscular substance by careful suture. The mediastinum, too, is now within the pale of legitimate surgery. No single organ in the great cavity of the abdomen is now held to be beyond the reach of the surgeon's knife. The removal of huge abdominal tumors is a commonplace event, and surgical methods extend to all the abdominal viscera.

Until quite recently surgeons recognized that many organs and parts of the body lay beyond the limits of legitimate surgical interference, and admitted it to be no reproach to their art to refuse to interfere with the peritoneum, the kidney, the lung, or the brain. A surgical operation was thought to be in its very nature lethal; certain tissues and organs were held to be of such anatomical delicacy that to submit them to operation was to court disaster.

To-day we know that simple, well-executed surgical procedures are not in themselves pathogenic, and that every tissue and organ of the body is the seat of a power of repair more than equal to the demand surgery makes. With this knowledge the anatomical barrier to the progress of surgery vanished,

and from an anatomical standpoint the only bar to the feasibility of an operation is its mechanical impossibility. But a surgeon is not free to incise anywhere and to excise anything. The very removal of anatomical restrictions upon the activity of surgeons has brought into relief the physiological restraints upon their art. The medulla oblongata and the central portions of the brain are outside the field of surgery, not because they cannot be reached, nor on account of peculiarity of structure, but because of their physiological importance. The only limit in the anatomical range of his activities that a surgeon now recognizes is the physiological one. He only asks whether he can operate upon it without injury to the structures necessary to life, or without inflicting upon the patient greater disabilities than those caused by the disease he has to combat.

- 2. The higher regard in which the physiological integrity of the organism is now held. Though no tissue or organ is now held by surgeons to be beyond the scope of their activities, all tissues and organs have assumed a new and higher sacredness in their eyes. Surgery has become more conservative than ever. Never before have we seen such efforts made to limit operations to the removal of diseased parts, and to save all healthy structure, as are constantly witnessed now.
- 3. A new conception of the real nature of surgical operation, and of the personal responsibility of the operator. Instead of brilliancy execution, we demand success; instead of a making of "luck," we talk of surgical responsibility! Operations still fail, but instead of blaming the Deity, we now blame ourselves for it. For how do failures arise? We may attempt what we are unable to effect, but such attempts should be made so as not to add to our patient's ills; we ought, at least, not to introduce any new elements of danger where we cannot effect relief. An operation may be fatal from shock, or by the infliction of some injury or a really vital part, or by what is called an accident, such as uncontrollable hemorrhage; or it may be the means of infecting the patient's healthy tissues with virus introduced from without or from within from the patient's own tissues.

- 4. Surgery has apprehended that its highest ideal is to treat directly the causes of disease. Up to the last few years surgical methods, as applied to disease, were crude. They consisted of the removal of pathological products, as by amputation, the relief of tension, and the application of physiological rest; knowing nothing of the ultimate causes of disease, nothing could be done to combat them. The surgeon now directs all his efforts to one end—the removal, not only of the effete products of disease, but of the active cause of the disease itself.
- 5. The last indication of surgical evolution is *physiological* operation; by which is meant any operation on a part which was not the seat of the disease nor yet the cause of the disease, but by influencing which we may beneficially affect a morbid change in another part. Of this kind of substitutionary surgery normal ovariotomy for uterine fibroids and castration for diseased prostate are examples.—*College and Clinical Record*.

A Plea for Efficient Legislation Regulating Medical Practice.*

PERRY H. MILLARD, M. D., ST. PAUL, MINN.

During the last decade no question in medical sociology has attracted greater attention than medical education. The requirements of our colleges not being upon a par with those of other countries, nor with other departments of education in this country, it was but natural that the profession as a whole, the medical press, and organized bodies of medical men, should join in a demand for needed reforms. During the formative period of our history it is but natural that abuses should have arisen in methods of education and obtain a firm rooting. A spirit of criticism exists that will not subside pending the indefinite determination of a question of such vital interest to the profession of the country.

As a nation during the first century of our history, we have established a system of common school education that

^{*}Read before the American Academy of Medicine at Baltimore, May 6, 1895.

challenges the admiration of the civilized world. It is a subject of regret, however, that in certain advanced lines of education our methods have proven most defective. This is true of medical education; a system having secured foothold with us that is indeed anomalous.

Having no support other than the fees of students, without university or college connection; without support from the State, generally accorded other systems of education; without restraining legislative enactments; without laws regulating the granting of charters for purposes of medical instruction; it is indeed little wonder that at the end of the first century of our history as a nation, chaos should reign supreme.

The agitation of the question of medical education is bearing fruit however, in that majority of the schools situated in the northern States demand at the present time evidence of preliminary fitness before matriculation, and that in a period of five years all colleges known to the writer have extended the period of time of study; with a change of the minimum length of term from five to six months. After the present year every medical school of recognized standing will require attendance upon four courses of lectures in different years, each course, of six months' duration before conferring the degree of M. D. The reforms thus far accomplished have only been secured in the face of determined opposition at the hands of the representatives of the low-grade institutions. Future opposition will result in disaster to the participants. Professional sentiment is decidedly with those schools now operating under the advanced curricula. This is particularly manifested by the increased number of matriculates in the last three years at schools operating under the four years' course. The fiscal matriculation at the University of Pennsylvania and Columbia is, approximately, 800, Harvard 500, and others in proportion; while that of the recognized low-grade institution has sensibly fallen off.

Notwithstanding the trend of public opinion, we are firmly of the conviction that our only safety consists in the establishment of efficient legislative acts in substantially every State. The high-grade schools are undergoing a period of evolution and are determined to inaugurate greater system in methods of work; with low-grade schools little evidence is at our command pointing to improvement.

The elevation of the standard of requirements in the latter class of schools have seemingly been entirely in response to the requirements of the respective State boards of medical examiners.

The indifference of the profession to methods of medical education has been far reaching in its pernicious influences. Blinded by our own shortcomings we did not awaken to a realization of our environment until our interests were greatly jeopardized. We found ourselves drifting, in the estimation of both the public and profession, towards a condition of professional inefficiency, not unlike that of French medicine in the seventeenth century, so graphically described by Moliere. One of the greatest evils of our system was the flooding of our ranks with a horde of poorly educated practitioners far in excess of our legitimate demands. The latter assertion is convincingly illustrated by the statistics gleaned from the recent excellent paper of Professor Pepper on Medical Education, affording comparative statistics relating to the proportion of practitioners to the population in different countries of the globe.

TABLE INDICATING THE PROPORTION OF PHYSICIANS TO THE POPULATION.

Austro-Hungarian Empire 1	to	3,837
Belgium I	to	2,084
France I	to	2,666
German Empire	to	3,038
Italy I	to	3,536
Netherlands I	to	2,484
Norway I	to	3,961
Russia I	to	8,551
SpainI	to	5,375
United States I	to	300

The number of medical colleges indicates a similar disproportion.

NUMBER OF MEDICAL COLLEGES TO THE POPULATION. Austro-Hungarian Empire to 5,153,917 Belgium 1 to 1,534,111 Brazil 1 to 7,001,167 Canada to 3,336,877 Chili 1 to 2,887,552 France 1 to 5,477,591 German Empire 1 to 2,471,923 Great Britain I to 2,358,767 Italy I to 1,445,109 Netherlands I to 660,249 Norway I to 1,988,771 Sweden 1 to 1,600,917 Russia I to 14,403,317 Spain I to 1,950,027 United States I to 440,151

It will be observed from the above that the proportion of practitioners and the number of schools are greatly in excess of other countries. Medical colleges in foreign countries are likewise independent financially, being, as a rule, directly supported by the State or possessing a direct university connection.

An investigation of this subject reveals beyond the possibility of successful controversion that the most efficient profession is found in those countries protected by efficient legislation; while a correspondingly low standard of professional fitness exists in countries not similarly protected.

At one time considerable opposition existed to the regulation of medical practice by legislative enactments. With the defeat of attempts to destroy the effects of this form of legislation by litigation, and the moral support afforded by the recent decision of the Supreme Court of the United States and Supreme Courts of the several States, as well as the apparent benefits from the successful operations of the law in a large number of States, it is pleasing to note a decided change of sentiment in favor of this form of legislation.

The existing opposition to this form of legislation is greatly disappearing, being greatly confined at present to the charlatan, the faculties of a few of our low-grade schools and the public press. We can trace the existence of statutes regulating medical practice from the thirteenth century; in the year 1237 licenses were only obtainable in Italy upon attendance at medical lectures for a period of five years, with preliminary entrance requirements demanding three years' work in philosophy.

The first degrees in medicine were evidently conferred in Italy in 1384. Laws regulating medical practice have existed in all civilized countries for many centuries. It is unfortunate that in this country the diploma has been given a legal interpretation; in foreign countries it is simply an evidence of scientific value. With the advent of statutes regulating medical practice this custom upon the part of the courts is becoming abrogated. We cannot but conclude that in the older countries we have a superior profession in point of intelligence, with a more desirable environment; while with us we have, as a whole men somewhat inferior in their preliminary training, a number triple that of any other country and a professional environment most undesirable.

The essentials of efficient medical legislation will incorporate the following features:

- (1) The adoption of more rigid rules governing the admission of students to medical schools.
- (2) The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.
- (3) The right to refuse or revoke licenses for unprofessional or dishonorable conduct.
- (4) An adequate penalty for the violation of the provisions of this variety of legislation.
- (5) The boards of examiners to be appointed by the governor, with proportionate representation by different schools of practice.

In support of demands for an adequate entrance requirement, it is conceded that medicine is now more nearly practiced from a scientific basis than at any time in its history. Without adequate preliminary fitness the broad field cannot be grasped nor its practice intrusted to persons without well trained minds.

Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years. I fully concur in the position taken by Professor Vaughan, however, in that the classical course does not prepare the student in a manner that he can safely abridge the work now required in the four years' curricula. The necessity of a thorough college training is more apparent now than at any previous time. While an immediate attempt, looking to the demand as above suggested, would probably meet with defeat, I am of the opinion, however, that by concert of action we can secure the adoption at this time of an elevation of the standard of fitness, requiring a college or university matriculation, or its equivalent, of all students wishing to commence the study of medicine. If the student cannot furnish a matriculation ticket from a recognized college or university, he or she should be required to undergo an examination that would admit to such course.

Under existing relations we cannot safely intrust this examination to the representatives of the teaching body. Except in a few of our high grade schools the entrance examination as at present conducted has been a farce. The factors leading to this condition are the same as outlined earlier in this paper. It is the result of college competition with an unnecessary multiplication, in recent years, of the number of teaching bodies. It is my judgment, based upon a somewhat varied and extended experience, that a majority of the schools in this country exist to serve the personal interests of the respective faculties rather than to serve the legitimate demands of the people. About 25 per cent of our schools have a matriculation of less than sixty pupils.

The determination of the fitness of the student to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of nobody better qualified to superintend the execution of this important trust than a State board of medical examiners. If not such a body, a committee composed of members of a faculty of a college or university.

The minimum of entrance requirements should be uniform between the different States. Under the operations of the New York law regulating the examination of students commencing the study of medicine, much good is being accomplished. I desire to urge upon the profession the necessity of provisions in future acts looking to a rigid protection of the gateway to the study of medicine.

Having submitted satisfactory evidence of preliminary fitness, only such persons should be admitted to undergo the professional test as have received their course of professional education at schools of medicine whose curricula of requirements are acceptable to the respective boards. A minimum of requirements, both as to time and teaching facilities, are as essential in measuring professional fitness as it is for similar purposes in universities, colleges, and our public school system. A school should not be recognized unless it is working under a minimum that will assure the graduation of a class of persons that can safely be intrusted with the care of the sick. In arriving at a conclusion upon this most important function I desire to particularly impress upon the members of these boards the fact that medicine as at present understood and practiced is radically different from that of a few years ago. To comprehend requires years of study and a training in laboratory methods and surgical technique that can only be grasped when afforded by a person trained in methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate. Several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to inquire fully into the facilities of each school represented by graduates who are applicants for degrees.

Having determined upon the fitness of the school to afford satisfactory courses of medical instruction, applicants holding degrees from such institutions should be admitted and a further test of fitness demanded by requiring an examination upon all the recognized branches of medicine. These examinations should be conducted by numbers, be scientific, and of sufficient severity to assure the public a thoroughly educated profession. Students from the respective schools of practice should undergo an examination upon the same questions, no necessity existing for questions not primary in character.

Licenses should not be refused or revoked for other than gross unprofessional or dishonorable conduct. In criminal cases it is not well to anticipate the professes of criminal law. The latter feature of our legislation has been instrumental in protecting the people from the professional charlatan in several States. Its provisions should be incorporated in all statutes regulating medical practice.

Owing to the difficulty in securing indictment and the consequent tardiness of legal processes the penalty for violations of the provisions of this form of legislation should be by penalties imposed by a justice or a municipal judge; the latter method has given satisfaction as far as I am aware. Reasonable efficiency upon the part of the officers of these boards have been awarded by a full compliance with the provisions of this form of statute in all instances. The governor should have the appointing power, being responsible for the successful operations of the different State boards. Experience satisfies us that the so-called mixed boards are doing satisfactory work and operating in perfect harmony. Seemingly no excuse exists for the duplicate boards operating in a very few States. At present approximately thirty States possess legislation regulating medical practice. Seventeen States have a form of statute that fails to recognize the diploma as evidence of fitness to practice; consequently they may be classed with those States operating under efficient acts. In the latter class of States I particularly desire to call your attention to the results of work thus far accomplished. In a paper read before this learned body, at Detroit, Mich., in 1892, I suggested the future influences of these boards as most important in shaping the future medical education in this country. I submit data at this time confirmatory of the position then taken and reaffirm my former suggestion that future legislation will in a great measure determine and govern the work of the teaching bodies of the country.

I am deeply indebted to the officers of the various boards for courtesies extended and regret that space forbids reference to many suggestions and conclusions arrived at in the work of the different boards.

Data have been obtained from the following named States: Alabama, Minnesota, Maryland, North Dakota, North Carolina, New York, New Jersey, Virginia, and Washington.

The subjoined table indicates briefly the work of these boards.

State	Examined	Licensed	Rejected	Per Cent
Alabama	647	558	89	0.862
Maryland	150	105	25	0.806
Minnesota	641	499	142	0.778
New York	967	797	170	0.824
New Jersey	447	417	30	0.955
North Carolina	615	508	207	0.71
North Dakota	81	76	5	0.938
Virginia	835	613	222	0.734
Washington	207	167	40	0.806
Totals	4670	3740	930	0.822

It will be observed that of 4,670 persons examined but 82_{10}^{2} per cent were successful in securing a license. The 930 unsuccessful applicants have, we doubt not, principally located in States not protected by this form of legislation.

I am pleased to direct your attention to the good work of the Minnesota board. The first act regulating medical practice in this State became operative in March, 1883. It was the form of legislation at present in force in Illinois. It was in operation five years, being supplanted by the present law. The present act requires an examination of all persons commencing the practice of medicine and as amended by the last legislature, the minimum of requirements is changed, demanding that all graduates of later date than 1898, furnish satisfactory evidence of having attended at least four courses of lectures in different years, of not less than six months duration each.

We have in Minnesota a practical illustration of the position taken in my former paper: "that in medical legislation we have the only solution of the problem of higher medical education." Having drafted these bills and by force of circumstances been somewhat conspicuously aggressive in urging their enactment, I have, in consequence, witnessed their operations with some concern and interest. The result is all the most sanguine could have anticipated. In a period of twelve years the proportion of physicians to the population in Minnesota has been reduced from one practitioner to every 650 in 1883 to one to every 1,000 in 1895. The State has been substantially rid of the traveling charlatan. The present able secretary, Mr. McDavitt, informs me that the medical census just completed is accurate and that the present operations of the law is quite faultless. We therefore conclude that in one State at least the number of physicians has been reduced to a number commensurate with the demands of the people.

The work of the New York board is attracting considerable attention. Notwithstanding pronounced opposition and many embarrassments the act is destined to strengthen the character of the profession in this State. From advance sheets kindly furnished for use in this paper, I observe the following verification of a position taken by the secretary, James Russell Parsons, in his 1893 report. He reiterates that the records of the past year conclusively prove that the position taken in 1893 report, "That the new law proves a barrier to the ingress of the incompetent, has operated to raise the standard of preliminary education, improve the methods of teaching and terms of study of the different schools of medicine."

The following resolution from the president and secretary of the board to the State Medical Society is significant and should meet the approval and support of every member of this great State, "Resolved, That in the opinion of this board the best interests of the public and medical profession would be materially advanced by gradually increasing the minimum of requirements as to general preliminary education till no candidate be entitled to matriculate in 1897 at a degree granting medical school in this State, that has not completed at least a full high school course."

I am pleased to note that this bill has already passed the senate in New York and is in a fair way of becoming a law. If it becomes operative it will operate to improve the character of matriculate in New York schools and will be followed by similar legislation in other States. Greater coöperation is necessary between different State boards, as it is essential that harmony of policy exist as far as practicable. As in foreign countries their relations to the profession and teaching bodies is most important, their functions being that of professional censors of the conduct of members of the profession, and guarding at the same time the avenues of entrance to professional work. It being the duties of these boards to protect the people from professional incompetency and charlatanry, the duties are briefly comprehended in the performance of the following duties: I. In establishing a minimum curriculum for all colleges whose alumni apply for a license to practice. 2. The individual examination of all persons wishing to practice medicine in the commonwealth. 3. A professional censorship, granting the right to refuse or revoke a license for incompetency and gross unprofessional or dishonorable conduct.

As this form of legislation becomes more fully understood and appreciated by the better class of schools, it will be observed as one of the most certain and reliable avenues of placing before the profession of the country the character of work being done in all colleges whose alumni apply for a license. A school doing honest work has little to fear at the hands of those boards; upon the contrary, as suggested in my former paper, it will be found that the proportion of applicants able to pass

successful examinations will be a certain index of the character of instruction afforded students in the respective schools.

While the proportion of applicants successful is only 82 per cent, it will be found that from the schools hereto-fore operating under a high grade of requirements that, thus far at least in the work of these boards, nearly all graduates are successful in obtaining a license upon examination. In substantiation of this conclusion I again submit data, using therein the same schools as in my former paper.

The following table indicates the proportion of students successful on examination from alumni of schools heretefore operating under three years' curricula:

Colleges	Examined	Licensed	Rejected	Per cent
Harvard	31	31	0	1,000
Columbia	123	118	5	952
Uni. of Penna	126	123	3	976
Uni. of Michigan	83	78	5	940
Northwestern Uni.	26	22	4	846
Uni. of Minnesota	149	148	I	992
Totals	. 538	520	18	964

I cannot but conclude, gentlemen, that efficient medical legislation will operate to bring about the following results, as applied to the profession and public:

- 1. It will protect the people by affording a profession of greater intelligence.
 - 2. It will suppress charlatanry.
- 3. It will reduce the number of persons practicing medicine to a number commensurate with the demands of the people.
- 4. It will reduce the number of medical colleges at present far above legitimate demands.
- 5. It will raise the general standard of professional fitness, assuring us a professional prestige in the future becoming the most important of the learned professions.

In conclusion we appeal to the profession to renew their efforts in securing efficient medical legislation, believing its operations will result most beneficially to both the public and profession.

Recovery of Hearing After Long Deafness.

The patient, aged 35 years, was said to have been deaf from the age of 9 years, and when first seen heard nothing at either meatus, owing to closure of Eustachian tubes. Daily l'olitzerization was instituted, and in one week she heard, at one-half inch, a feebly-ticking watch; in three weeks at 3 inches; and after three months, hearing became normal. case is recorded as remarkable for the extent of the recovery after so long a period of deafness, and to encourage tentative treatment in apparently confirmed cases of deafness. mental development has been most marked since hearing has been established. Before treatment she was a good lip reader. and could make use of a limited number of words. Now, after restoration of hearing, she is obliged to learn the alphabet of sound. At first she could not understand aural conversation at all, but now understands many words when spoken slowly. Her education has been greatly neglected.—Doctor F. F. WHITE, in British Medical Journal.

Diphtheria and Its Associates.

This is the title of a work by Mr. Lennox Brown which will soon be issued simultaneously from the press of the J. B. Lippincott Company, Philadelphia, and Messrs. Bailliere, Tindall & Cox, London, with promise of most complete character. Diphtheria will be considered from the three-fold point of view of public health, bacteriological science, and bedside experience; the information from all these sources being considered essential to a right appreciation, alike of the ætiology, diagnosis, treatment, and prevention of this devasting malady. The subject of antitoxin will be treated of in an appendix. The book will be illustrated with that completeness and excellence that are always to be expected from Mr. Lennox Brown, who is ever his own artist, and a novel feature will be introduced by placing the portraits of the throat as seen at the bedside in juxta-position with the photo-micrographs of the special organisms that characterize each case.

Cholera and Comma Bacilli.

In the scientific memoirs by medical officers of India appears a paper on "The Results of Continued Study of Various Forms of the Comma Bacilli Occuring in Calcutta," by Brigade-Surgeon Lieutenant-Colonel D. D. Cunningham, F.R.S., C.I.E. It will be remembered that Doctor Cunningham is one of those cited as giving evidence in favor of the comma bacilli —a citation which is far from correct, since an imperfect report of his was accepted as positive evidence when such was only intended to be preliminary. In this paper Doctor Cunningham emphatically declares that cholera in Calcutta is not invariably characterized by the presence of any cultivable comma bacilli in the intestinal contents, and that even in cases where such organisms are present they by no means invariably give characteristics described by Koch and ordinarily accepted as belonging to true cholera bacilli, but differ greatly in different instances both as regards their morphological and physiological properties. - Homæpathic Recorder.

Advance in Petroleum.

This gives interest to the question of exhaustibility of the supply following close upon the great decrease of available natural gas. In the height of the natural gas excitement the warning of science was too little heeded, and lavish waste hastened the collapse. In 1887 the atmosphere of Pittsburgh was wonderfully clear, owing to the use of this new fuel. But Pittsburgh is again begrimed and sooty.—Nature.

After the Bath.

According to Le Mercredi Medical, Max Edel, a German bacteriologist, took a bath and then examined the water for microbes; he found that it contained 5,850,000,000! After a bath of one foot only, he estimated the number of microbes at 180,000,000.

The question now arises: When did Edel have his last previous bath?—Medical Record.

Education of the Masses.

The following delicious scientific (?) paragraph is taken from a journal with enormous circulation, and produced ostensibly with the view to the instruction, elevation, and amazement of an ignorant proletariat:

"A foreign scientist has a new test for death. With a candle produce a blister on the hand or foot or body. If the blister, upon being opened with a needle or other instrument, is found to contain fluid of any kind, there is still life in the supposed corpse. Should it steam only, however, the vital spark has flown."

We fear a ribald commentator might possibly feel inclined to deduce inferences unfavorable to the future welfare of the deceased on observing the issuance of "steam" from a blister.—

Provincial Medical Journal.

Something to be Thankful For.

A Scotch lady invited an elder in the Free Church to have supper with her, and a piece of remarkably tough veal was placed on the table. After some frantic endeavors to cut, during which the elder's plate landed on his knees, the lady said: "Ye aye said there wis something to be thankfu" for in everything; I jalouse ye wud be at a loss to fin' something to be thankfu' for in that veal?" "Not at a'," he responded, cheerfully, stopping to breathe; "I wis just thinking hoo gratefu" we should be that we met with it when it was young."

Gallant Action of an Army Surgeon at Chitral.

Surgeon-Captain H. F. Whitchurch, attached to the Twenty-fourth Bengal Native Infantry, performed a feat of exceptional gallantry on the occasion of the *reconnaissance* of March 3 from Fort Chitral. Captain Baird fell mortally wounded, but Surgeon-Captain Whitchurch, although running serious danger of death or capture by the enemy, would not abandon him, but, carrying the wounded officer on his back, fought his way back to the fort.—*Medical Press and Circular*,

Catgut Sutures.

One objection to the use of catgut is, that in handling with wet hands, or when it is soiled with blood or pus, it becomes slippery, and one does not feel sure that a knot tied down in the bottom of the pelvis will hold. In order to obviate this objection, Doctor Cushing, of San Francisco, after rendering his catgut aseptic, puts it into a mixture of an ounce of common resin to a pint of alcohol. He has found this mixture to preserve catgut, and to make it stick so that it will stay tied.—

Medical Record.

Inebriates.

The report of the Departmental Division on Prisons (Great Britain) marks a very important advance toward the solution of the problem of chronic drunkenness. It is declared that the present system of "sending up" an inebriate time after time for short periods is all wrong; that he ought to be treated as an ill man and committed to an asylum for a considerable period in order to have a chance to recover.—Medical Press and Circular.

Good Reason for Care!

Mrs. McTurk: "Is the liquorice powdher pure, Misther Pi-pounder?"

Pi-pounder: "Quite so, Mrs. McTurk. I make it myself from the purest drugs."

Mrs. McTurk: "Excuse me fer axin' you, but we have to be very careful nowdays, there is so much adul-therry goin' on."

—Mississippi Medical Monthly.

A Case for Tears.

Teasing Friend: "What makes that new baby at your house cry so much, Tommy?"

Tommy (indignantly): "It don't cry so very much—and any way, if all your teeth was out, and your hair off, and your legs so weak you couldn't stand on them, I guess you'd feel like crying yourself."

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

AUGUST, 1895.

NUMBER 2.

Medical Society Papers.

Headache.

BY J. S. SHIBLEY, M. D., PARIS.

[Read in the Section on Practice of Medicine at the Nineteenth Annual Session of the Arkansas Medical Society.]

DEFINITION AND DESCRIPTION.

By the term headache, is meant in this essay, pain within the cranial cavity. It is probably located in those sensory branches of the trigeminal nerves, which are distributed to the interior of the cranium, as distinguished from those distributed externally to it. Pain in the latter is termed neuralgia; and while the distinction might seem, at the first glance, somewhat arbitrary, it is nevertheless well marked clinically. True, many cases of headache are accompanied by pain and tenderness in the extra-cranial branches of the fifth pair; but this is a complicating neuralgia, and not of the essence of the headache.

Headache is, properly, not a disease, but only an expression of some underlying pathological state. In many instances the disease which stands in a causative relation to the headache, is so manifest that the latter is clearly seen to be only one of its symptoms, as is the case in fevers generally. But in a large number of cases the cause is so hidden that the headache is the principal manifestation of the disease process, and it is then

spoken of as the disease itself. It is to this latter class of cases that our attention is directed in this paper.

As stated above, pain located within the cranial cavity is the characteristic symptom of headache. It may vary in degree, from a slight feeling of discomfort to the most excruciating agony. When severe, it is accompanied by an exaltation of the nervous sensibility that makes light painful to the eye, and sound distressing to the ear; while irritability of temper, inaptitude for mental effort, and a feeling of wretchedness and personal unworthiness, add largely to the distress of the unhappy sufferer.

A periodic headache, whose attacks are ushered in by visual disturbances, as hemiopia, dazzling or vibrating points before the eyes, indistinctness of vision, and vertigo, and accompanied by nausea and vomiting, constitutes migraine or sick headache.

For the purposes of this study, headaches may be classified into organic, reflex, toxic and constitutional. Organic headaches are those due to disease or injury of the cranium or its contents; reflex headaches are those due to extra-cranial disease or injury; toxic, to certain poisons; and constitutional, to defects of the nervous organization, congenital or acquired, to vices of nutrition and diathetic conditions. This classification is designed to be practically useful, though neither the classification nor the names of the classes are entirely satisfactory. To avoid repetition it will be further elaborated under the head of diagnosis.

PATHOLOGY.

In what way is the pain and accompanying distress of headache produced? The throbbing pain, the vertigo, and the increase of these by a dependent position of the head and by muscular effort, favor the idea of derangement of the cerebral circulation. Moreover, those medicinal agents that are most effective in relieving the attacks are such as influence the circulation. Since the cranium is a closed cavity with rigid walls, it is manifest that its contents can vary but little in total

amount. The volume of intracranial fluids cannot be increased without a diminution of that of the intracranial solids; and even a slight variation in the volume of blood in the brain must give rise to considerable variation in the intracranial tension, and hence to well marked disturbance of the cerebral functions. A healthy nervous system is able, by means of the vasomotor nerves, to maintain a normal and regular balance of the cerebral circulation. But given the presence of a poison circulating in the blood, or disease impressions received from some other organ, and the brain is liable to be thrown off its balance, in less or greater degree, according to the greater or less degree of the stability of the nervous system. Some people never have headaches. These have stable nerve centers. Others are so instable in their nervous constitution, that every disturbing circumstance gives them headache. It will thus be seen that headache is allied to other neuroses, hysteria, epilepsy, etc., in the common element of nervous instability, which plays the part of predisposing cause. Given this predisposition well marked, and even a slight disturbance in almost any part of the body, is sufficient to cause derangement of the cerebral circulation. In this way originates the large class of reflex headaches.

For the production of the class of headaches herein denominated constitutional, an abnormal state of the circulating medium seems to be requisite. This abnormality may be in the quality of the blood itself, as in anæmia, or it may be some poison circulating with the blood, as in lithemia. We may suppose that a brain poorly nourished by poor blood, is but poorly able to maintain the balance of its circulation, and hence prone to headache. A poison circulating with the blood, may act as an irritant to nerve centers, and thus disturb the balance of the cerebral circulation, and give rise to headache.

Whether the derangement in the cerebral circulation consists in contraction or dilatation, in spasm or paresis, is a question of great interest. It would seem probable that the vessels concerned, are those best provided with muscular coats, that is

the arteries, since it is by these that the balance of the systemic circulation is maintained. Perhaps, arterial spasm may characterize some cases, and arterial paresis others, giving frise to the two types of headache that have been denominated angiospastic and angio-paretic. It is to be borne in mind, that when the arteries of the brain are contracted, its veins must be dilated to make room for a constant volume of blood; or if the arteries are dilated, the veins will be diminished in caliber, by the increase of pressure brought to bear on their outer surfaces. May it not be, that the pain of headache has for its immediate cause the pressure of enlarged arteries on contiguous nerve fibers, in the angio-paretic type; and a similar pressure of enlarged veins in the angio-spastic type?

DIAGNOSIS.

This is usually established by the sensation of the patient. The existence of pain within the cranium is pathognomonic. It is to be distinguished only from pain in the extra-cranial branches of the trigeminal nerves. There can be no difficulty in the discrimination, except in cases of infants, or the subjects of injury, intoxication, or mental aberration.

The ascertainment of the cause of a headache, may be a matter of much more difficulty. It is one of the first importance as giving a clue to the treatment. Few more complicated problems confront the physician, than the elucidation of some obscure headaches, which frequently recurring, or it may be constantly persisting, rob their victims of every form of enjoyment, and make life itself a burden. Such a case calls for systematic investigation.

Is it an organic headache? It may be due to injury of the cranial bones or cranial contents, by blows or falls; to meningitis, traumatic, septic or tubercular; to syphilitic disease of the cranial bones and meninges; to neoplasms; to degenerative lesions, as sclerosis; hemorrhage or embolism; in fact to any structural lesion of the brain or its coverings.

Is it a reflex headache? It may arise from eyestrain, in astigmatic or otherwise defective eyes; from disease of the ear

and mastoid cells; from catarrhal disease of the nasal passages and the frontal and maxillary sinuses; from diseased teeth and gums; from enlarged tonsils or indurated cervical glands; or from aneurism or other tumor of any of these regions.

Evidences of any of these causes for the headache, are to be sought in the history of the disease, and in the life history of the patient; and in a topical examination of the cranial and facial bones and their integuments; of the ears; the eyes; the nose and adjacent structures; the mouth and teeth; and the throat and neck. This examination should include the use of the otoscope, rhinoscope, ophthalmoscope and laryngoscope. Finding no anatomical basis for the headache about the head or neck, the organs of circulation and respiration should be interrogated, and especially the organs of the digestive system, and the genito-urinary organs. Many headaches are due to constipation, to imperfect digestion, to over-feeding, or to the use of improper articles of diet. A very serious class of headaches is due to disease of the kidneys, acute and chronic; and a physician would be reprehensible should he overlook so grave a condition. The important role played by the reproductive organs in the causation of many headaches, is indicated by the advent of the attacks, at or soon after puberty, and their subsidence with the decline of sexual activity after middle life. In some neurotic constitutions, actual disease of the sexual organs is not necessary to the production of headache, the slightest excess of indulgence in even physiological functions being sufficient to give rise to it. But it is the female sex who are the great sufferers from reflex headaches caused by the innumerable train of sexual ills to which the delicate organism of woman is subject. If indicated by the history, the genital organs should be subjected to physical examination; and no investigation of an obscure case of headache would be complete without repeated examinations of the urine.

A headache may be toxic in origin, arising from the abuse of alchohol, or other narcotics. Inquiry into the personal habits of the patient will usually suffice to reveal the cause and point to the cure, which is the avoidance of the offending agent. Further mention of the treatment of this class of cases will not be necessary.

But after every organ and system of organs has been explored, and the history and habits of the patient have been scrutinized, it will sometimes happen that no cause for the headache has been found. This class of headaches I have named constitutional, indicating by that term that their origin is not in a local disease, but in a constitutional state.

PROGNOSIS.

In the organic variety this will depend on the nature of the lesion, the curability or incurability of which, will determine the curability or incurability of the headache. Many traumatic headaches are curable by appropriate surgical treatment. Those due to syphilis are frequently curable, especially in their earliest stages. Those due to tuberculosis are uniformly fatal; as are also those due to neoplasms, except possibly, some in which the neoplasms are so situated as to be amenable to operation.

The prognosis of reflex and constitutional headaches is good so far as the life of the patient is concerned; but as regards a cure a physician should be guarded in his promises. Many reflex headaches can be cured by the removal of the exciting cause, especially where the neurotic element is not predominant. Thus the relief of ocular and aural troubles, of nasal catarrh, of constipation, or of uterine disease, will frequently put an end to the headaches.

Constitutional headaches, not being dependent on known local conditions, are less amenable to curative treatment; still where the predisposition is not pronounced, some cases can be cured. Where the neurotic constitution is well marked, a cure cannot be promised; but the degree of mitigation that may be effected, even in incurable cases, is a boon of inestimable value to these sufferers.

TREATMENT.

This is, at once, the most important and the most difficult branch of our subject. For economy of my space and of your time, let us eliminate from consideration in this article, the treatment of headaches due to local causes, that is, the organic and the reflex, with the remark that their cure is the cure of their underlying local conditions. In the effort to effect the cure of these local conditions, and hence of the headache, we shall need to call to our assistance the resources of the surgeon, the oculist, the aurist, the dentist, the rhinologist, the laryngologist and the gynecologist; not always, it is to be feared, to the relief of our patients. But while the local conditions claim the first place in consideration, the general condition is not to be neglected; and those medicinal and especially the hygienic measures to be noticed in the remarks on treatment of the next class, are to receive due attention here, as regards both cure and palliation.

The treatment of constitutional headaches is palliative and sometimes curative; palliative when directed to the relief of suffering incident to the attacks, and curative when for the prevention of recurring attacks. The former object is to be accomplished by suitable medicinal means; the latter, mainly by hygienic measures. For palliation, our principal reliance must be on agents that influence the vaso-motor function. In some cases, the vaso-constrictors, as the bromides and ergot are demanded; while other cases require vaso-dilators, as the coal-tar derivatives, antipyrine, antifebrine and phenacetine, and among vegetable remedies, aconite and veratrum. In some cases cardiac tonics are useful, as digitalis and strychnia, and especially caffeine. One of the most effective of this class of agents is guarana in teaspoonful doses of the fluid extract. The tannic acid, in which it is rich, seems in some way unknown to me, to increase the efficacy of its principal constituent, caffeine.

After trial of almost everything that has been recommended for headache in the last twenty years, I have found the most eligible remedy for the relief of a present attack in my own person, to be a combination of phenacetine and caffeine These are of agreeable taste, have rather an anesthetic effect on the nauseated stomach and hypersensitive palate, and usually give a degree of relief. Some of the most popular headache cures now sold by druggists, consist of acetanilid and caffeine. They are efficient, and, prudently used, are safe. I think however, that for habitual prescribing, the phenacetine is the safest, as well as the most agreeable of the coal-tar series. Ten grains of phenacetine with 2 of caffeine form a suitable dose for an adult male. This may be repeated once or twice, at intervals of one or two hours. Of course care is to be had that too great a total quantity of phenacetine be not ingested; and if there is no relief after the second dose, resort should be had to other remedies.

The bromides, of which the best is the bromide of sodium. give some measure of relief in a large number of cases. The adult dose for headache is half a drachm to a drachm, repeated once or twice, at intervals of an hour or two. Five minims tincture aconite root, or better 1-200 grain aconite crystal, at a single dose, will sometimes give relief. A drachm of fluid extract of ergot, in a single dose, at the inception of an attack, will sometimes prevent its full development. A full dose of digitalis or strychnia will sometimes ward off an impending attack; but, for the relief of a present attack, they are greatly inferior to caffeine. Expected attacks, after too free indulgence in the pleasures of the table, may sometimes be averted by the use of pepsin or papine, and of salol or dermatol; the two former of which aid digestion, and the two latter prevent fermentation. Many habitual sufferers from recurring attacks of headache, obtain relief, even after the access of the attack, by resort to a brisk cathartic. For this purpose a saline is most suitable, given in a dose sufficient to purge promptly and freely.

Gentle and long continued manipulation of the scalp, bathing the head with cold or hot water, the application of menthol or tincture aconite to the forehead, temples, nucha, and of strong spirits of camphor to the hairy scalp, frequently give a degree of relief of pain. Perfect rest in a bed in a darkened and quiet room, is an important palliative in severe cases.

Morphia, chloral, and alcoholic stimulants and narcotics generally, are to be avoided in the treatment of headaches except under very exceptional circumstances. They still further unbalance an already unstable nervous system, and favor the recurrence of attacks. Moreover the danger of forming or fostering the morphia, chloral, or alcohol habit, is very great in habitual headache sufferers. Should recourse to narcotics seem imperative in any case, the hypodermatic administration of morphia is to be preferred as the safest and most efficient. My experience with cannabis indica, a remedy that has been recommended to prevent the recurrence of attacks, does not warrant me in giving an opinion as to its efficacy.

The curative treatment of constitutional headaches, must be directed to the removal of the systematic condition on which the headaches depend. This will sometimes be found to be anæmia, and rarely in this climate plethora. These conditions are fortunately, usually remediable, and with their cure the headaches cease. The headache of urenic poisoning incident to nephritis or the pregnant state, demand prompt and energetic sedative and eliminant measures, too well understood to claim enumeration here. Headaches due to digestive troubles demand remedies addressed to the functions primarily concerned. A judicious regulation of the diet and of exercise and sleep will usually be found more efficacious than medicines. The latter however are not to be eschewed; and their use is to be governed by the well established principles of therapeutics.

I am of the opinion that many headaches not due to local conditions owe their existence to the lithemic diathesis engrafted on a neurotic constitution, an unfortunate union of two conditions, both of which are notably rebellious to treatment by drugs. The neurotic constitution, of course, cannot be cured; though the condition of the nervous system may be improved by hygienic measures, and the avoidance of every thing that

tends to disturb the equilibrium of the nervous system. Not to mention the use of stimulants and narcotics, the indulgence in sexual excesses, and dissipation of every kind, it is necessary to avoid loss of sleep, excessive application to business or study, especially such as involves confinement within doors, or too prolonged use of the eyes. A cheerful and contented frame of mind is to be cultivated. The narcotic, especially, if he be also a lithemic, needs to have all his appetites and passions subdued, his temper softened, and his mind tranquilized by an abiding faith in the great truths of Christianity, and a habitual practice of its precepts. There is no mental hygiene so good as the observance of the sayings of Him, who spoke as "never man spake."

For the lithemic diathesis, I know of no drugs worth mentioning in comparison with intelligent hygiene. The great basal fact of the lithemic state, is deficient oxygenation; and the proper and natural oxydizer is the air we breathe. This points to abundant muscular exercise, in the open air, as the true remedy. All others are but makeshifts, and generally poor ones. Muscular exercise that quickens the pulse and deepens and hastens the respiration, is nature's means of burning off effete material. Something may be accomplished by regulating the diet. This should be simple and plain, even coarse, consisting largely of succulent vegetables and fruits, and an abundance of water. All malt and fermented liquors and spirits, and coffee and tea, and in some cases milk, are to be avoided. The objects to be aimed at are, first, to avoid the ingestion of more nutriment than the system can properly dispose of; and second, to maintain the functions of the excretory organs, the kidneys, bowels and skin, up to their full physiological activity. These objects are best accomplished by regimen, diet, exercise, bathing, etc. Where the patient cannot or will not carry out these measures, resort must be had to drugs, according to the indications of every case; but the necessity for the resort to drugs is to be deplored, and the result of their use, not infrequently, unsatisfactory.

Five Laparotomies for Ovarian Growths.

BY J. A. WESTERFIELD, M. D., ATKINS.



[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

Case I. Mrs. T. O.; aged 48; married ten years; nulipera. Health had always been good, except for a period of time, sixteen years prior to her present trouble had intermittent fever, characterized by pronounced chills. At age of 40 first noticed an enlargement in left side which slowly enlarged for six years, and for the following two years when it enlarged rapidly; at this time she presented herself for operation—October 30, 1891. She was prepared for operation, and through an incision of 8 inches long a multilocular cyst of left ovary containing 28 pints of fluid was removed. The large division contained a coffee colored fluid, the smaller ones a clear fluid. There were no adhesions. Recovery prompt and without fever.

Case 2. Mrs. A.; aged 25; mother of five children. First noticed an enlargement in left iliac one year before presenting herself to Dr. J. S. Westerfield for examination, and at his request this operation was made. The tumor was felt to be nodular in places. An incision 10 inches long was made. The tumor was found to be generally adherent to intestine and abdominal wall, adhesions freed from abdominal peritoneum by the finger in the neighborhood of the incision, woman turned on side, tumor incised and emptied of about 41/2 or 5 gallons of dark grayish fluid. In posterior wall of cyst were found four cyst about a cocoanut in size containing a colloid substance which was removed without emptying. The walls of this cyst were universally adherent to abdominal wall, omentum and intestine, some of the parts easily loosened, others very firmly attached. In the region of the liver the wall of cyst was very easily torn and very dark in color and stained with bile. A small piece of the cyst wall was left attached to abdomen near the liver, on account of its firm adhesion.

The ligature slipped off from a fleshy adhesion causing a grave hemorrhage. The woman was put to bed almost collapsed, and with reaction came a sick stomache lasting three days. Temperature during this time 100 to 101° No tympanites or tenderness in abdomen. Urine had to be drawn and was thick and heavily loaded with mucus. She made good recovery and is now in good health, except she menstruates too often, painless however and not considered serious.

Case 3. Mrs. G.; age 37; mother of seven children. For two years she noticed an enlargement in left iliac, it then, to her, disappeared. She constantly suffered with severe hemorrhage at each menstrual period, some times continuing from one month until the next. Had various neuralgias, headaches and was a sufferer of all the aches in catalogue. Had taken opium until the habit was somewhat formed. There was a tumor located behind the uterus by Dr. J. S. Westerfield. On the 20th day of April, 1892, the abdomen was opened and a tumor found wedged down in the pelvis, which was drawn out with little difficulty and emptied of about I quart of clear fluid, and then removed. The other ovary being inflamed and full of small cysts was also removed, in fact I am of the opinion that this ovary was making all the trouble, as the other had passed away and formed a cyst. Her recovery was uneventful without fever, but remains at this time, 1894, about two years after the operation, neuralgic, but greatly modified and does not use morphine.

Case 4. Mrs. B.; age 37; widow; mother of one child 20 years old. First noticed an enlargement in right side eight years before presenting herself to Dr. Dickerson of Conway. She menstruated regularly. Tumor had grown slowly, until two years prior to operation during which period it had grown rapidly causing pain in right side when she made a misstep, and great inconvenience from its size which was surely very great. She was prepared for operation October 17, 1892, an incision made from umbilicus to near the symphysis. No adhesions

were fixed to abdominal wall in front but to the intestine, omentum and posterior wall the adhesions were general and very firm, requiring quite a number of ligatures. The whole broad ligament appeared to be over the cyst or in other words it sprang up in the broad ligament and only with great difficulty could a pedicle be fashioned for ligation. The cyst contained over 12 gallons of clear fluid and was unilocular. The patient reacted promptly and was cheerful, asking for nourishment and in every respect presented a good reaction. Seven hours after operation had signs of collapse and great disturbance of the heart and died 4 hours later. No post-mortem made. My opinion is that death was due to displacement of the heart, when ribs collapsed from their fixed position, which they had maintained over the enlargement.

Case 5. Mrs. H.; aged 56; widow; mother of seven children; growth of three years' standing.

Prepared for operation in April, 1893. An incision made from umbilicus to symphysis. Tumor generally adherent, but easily detached. It was found to be multilocular and contained 9 gallons of fluid, slightly brown colored. Recovery was uninterrupted.

Case 6. Mrs. G. P.; aged 36; mother of three children, last two being twins and 3 years of age. Had always been healthy and accustomed to hard labor. Applied to Dr. D. P. Ruff on account of severe pain in lower part of abdomen. There was some apparent hardness and enlargement in the right side low down; the doctors thought too low for appendix. This was about the 20th of last September, 1894. The woman would have a paroxysm of pain and a rigor followed by free perspiration and was relieved only by hypodermic injections of morphine. This condition together with a progressive enlargement continued for about seven or eight weeks, when it became somewhat stationary as regards the enlargement, the rigors continuing but less frequent. It should be mentioned that the doctor detected an enlargement in region of right ovary in shape and size of a goose egg. On 9th of November, 1894, an incision

was made in the median line about 5 inches long. Omentum and intestine were one mass of adhesions, were untangled as thoroughly as possible, when over the right ovary was found a cyst containing about 8 ounces of clear fluid. After breaking up all adhesions possible the ovary was removed and incision closed. Reaction came on promptly. Second day had temperature of 100, from this time it was normal. She was up on fourteenth day, rigors ceased, was free from pain and resumed her ordinary labors in apparent good health. On about the 25th of last March she had a phlegmon to form on her right thigh about the lower part of its upper third. This suppurated in about five or six days, continued to run in a lessened degree until the 18th of April. She had bad diarrhœa which was controlled by opium. Her bowels then became obstinately constipated, with severe pain near the umbilicus, renewed rigors and profuse sweating for three days preceding her death which took place on the 28th of April.

These operations have been made in the homes of the very poor, under the most unfavorable circumstances. Antisepsis could only be approached in a small degree, but as far as possible was observed. Pedicle was ligated with braided silk, abdomen closed with sutures of silk having a needle on each end. Stump of pedicle cauterized and usual dressing over the abdomen of iodoform gauze. I am indebted to Drs. J. S. Westerfield, D. P. Ruff, J. C. Amis, Hamilton, Dickerson and others for courtesies.

Laryngeal Neoplasm.

BY FRANK VINSONHALER, M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

Patient G. W. A. White; Age 41. Native born American. Came under my observation about the middle of March last. He gave a history of hoarseness lasting one year and following as he said an attack of la grippe. For three months pre-

ceding he had in addition almost complete aphonia with occasional attacks of suffocation which frightened him very much and led him to seek relief. He gave no specific history, and so far as I could learn his family history was negative. He was fairly well nourished, his face indicated great mental strain.



Upon laryngeal examination there was revealed upon the right vocal cord occupying the posterior two-thirds of its upper surface, a tumor, the dimensions of which are indicated by the accompanying diagram; the tumor was five-eighths of an inch in length by one-half of an inch in breadth and was attached by its base to the upper surface of the true cord; during deep inspiration it protruded into the rima glottidis, interfering with the inspiratory effort and at times causing spasm of the glottis with its attending suffocation.

During the act of phonation the growth rested upon the surface of both cords, hiding the posterior two-thirds of each from view. Articulation was painful and indistinct. The whole mucous membrane of the larnyx presented the typical appearance of chronic laryngitis, there were no erosions or ulcerations visible, no enlargement of cervical glands.

At first sitting I endeavored to remove the growth with a Krause's snare having mopped the larynx thoroughly with a 10 per cent solution of cocaine. The attempt was not successful owing to the extreme irritability of the fauces and their intolerance to instruments. I ordered for the patient a mixture of bromides and asked him to report the following day. He did so and after the application of cocaine I succeeded in snaring away the growth, the relief was very marked in breathing and

articulation, both of which became practically unobstructed. There remained at the attachment of the growth, a remnant which escaped the snare. This was completely removed by means of Schroetter's forceps used at intervals until the cord was free from the presence of the neoplasm. The history of the case presents nothing more of interest as recovery was uninterrupted.

The gross appearance of the neoplasm resembled fibroma, but a microscopical section proved it to be a papilloma, probably inflammatory in origin, partly on account of its structure, but more by reason of its location upon the posterior segment of the cord. New growths at this particular part are nearly always inflammatory in origin, those developing from congenital causes springing almost exclusively from the anterior portion.

Papillomata are nonmalignant, springing from the natural structure of the part and presenting under the microscope chiefly hypertrophy of connective tissue elements. They show a tendency to recur at or near their original site, and are as before amenable to surgical interference.

It is unnecessary perhaps for me to add that medicinal treatment has no influence upon these growths, prompt surgical treatment being the only method commending itself.

A Good Example.

Dr. W. B. Deffenbaugh, a worker in his county medical society, in transmitting a subscription says: "In our society meetings I urge upon the members to subscribe for our JOURNAL, and hope to have all the members subscribers, though the work is slow."

It is a fact that nearly every subscriber to the JOURNAL becomes a member to the State society, and no better method of increasing our membership can be adopted.

JOURNAL

OF THE

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PUBLISHED MONTHLY, - - - - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and irems of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A.
L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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VOLUME VI.

AUGUST, 1895.

NUMBER 2.

Editorial.

An Important Provision of the New Constitution.

The cardinal object of the revised constitution, adopted at the last annual meeting, is to bring county societies into closer relation with the parent organization.

Section 2, article I reads: "All members in good standing in the auxiliary county societies may become members in M2

all its rights and privileges, by an application accompanied by a certificate of good standing in the county society, signed by the president and secretary of the county society.'' And article 5 is: "The initiation fee of this society shall be \$5, and the annual dues \$3. Members of the county societies in good standing at the time of the adoption of this constitution shall not be required to pay the initiation fee."

It will be observed that all that is necessary for county society members to do in order to obtain membership in the State society is to forward to the secretary an application signed by the president and secretary of their county society, that they are members and in good standing in the latter. This application should be accompanied by \$5 or \$3 as the case may be. According to this, applicants can join the society at any time instead of at the annual meetings only.

A blank form is printed in this number, in the department devoted to county societies.

If the members of the several county societies who also belong to the State society will take an interest in the matter and urge upon their associates the importance of joining the parent organization, our membership can be nearly doubled by the time the society meets at Fort Smith next April.

The JOURNAL will be regularly sent to all new members as soon as their applications are received, and they will have all the other privileges pertaining to membership.

Still Sustaining Governor Clarke's Veto.

The attorney-general of Arkansas has rendered the subjoined opinion:

LITTLE ROCK, ARK., August 8, 1895.

Board of Medical Examiners, Pulaski County:

DEAR SIRS—I am in receipt of your communication, submitted by Dr. W. E. Green, asking the following question:

"Is it necessary for a graduate of a college of medicine to be examined by the county board of medical examiners before he is authorized to practice medicine in this State?"

Answering this question, I have this to say:

The legislature in passing the act of 1895, regulating the practice of medicine, simply repealed sections 4968, 4969 and 4970 of the digest, creating a State board and placed in their stead this act creating county boards, leaving all the other sections of the digest regulating the practice of medicine in force.

It is very evident to my mind, that sections 4962 to 4967, inclusive, and sections 4971 and 4972 of the digest are still in force and that the new law should be construed in connection with the same.

Sections 4963 and 4964 of Sandels' and Hill's Digest provide that any person of good moral character, 21 years of age and a graduate of some reputable college of medicine and surgery, that requires not less than two courses of lectures, each course in a different year, as the requirement of graduation, shall be allowed to practice medicine in this State, after exhibiting his diploma to some county clerk of this State and having the same recorded.

I am therefore of the opinion that a graduate of a reputable college of medicine of the grade and standing above mentioned, is not required to be examined and licensed by the county board of medical examiners, in order to legally practice medicine in this State.

Yours very truly,

E. B. KINSWORTHY,

Attorney-General.

The former law provided that graduates of schools requiring two courses before graduation could register in the county clerk's office and proceed to practice without further question anywhere in the State. The last law according to the decision of the attorney-general, simply repeals that part of the digest creating the State board of medical examiners, and in addition to permitting graduates to practice without examination, creates

the county boards of examiners for the purpose of licensing undergraduates.

This places Arkansas in a pretty attitude before civilized communities. The county clerks are still made the censors of the medical schools, the most important part of the licensing power, while the county medical boards are only to pass upon the qualification of those who are unable to present diplomas from schools of the very low standard set by the previous law.

The great State of Arkansas is preparing an educational exhibit for the Atlanta Exposition. The American Medical Association will meet in the same city next spring, when the different States of the Union will report on their medical laws. What a contrast will our State make with others in the matter of medical legislation! All other States are endeavoring to raise the standard of medical education by adequate legislation.

The Arkansas Industrial University Medical Department.

In marked contrast to the spirit which seems to animate our legislators who have done all they could to degrade the standard of medical education in our State, comes this statement contained in the seventeenth annual annoucement of the above institution:

"At the meeting of the Association of American Medical Colleges at Baltimore, in May, 1895, it was determined to extend the course of study to four years, and it was resolved with great unanimity to require of all new matriculates, beginning with the school year of 1895-96, as one of the requirements for graduation, that they should attend *four* courses of lectures of not less than six months each. The Medical Department of the Arkansas Industrial University, being a member of the College Association, adopts and will carry out these requirements, beginning at once with the session of 1895-96.

The demands of modern medicine are such that after long experience it has been fully demonstrated that a shorter term

of study is wholly inadequate for any student, no matter what his capabilities are, to acquire a thorough medical education. Moreover in the present crowded state of the profession, there is no longer any room or demand for half taught and partly educated physicians, and it is only those who are fully trained and thoroughly educated that are fitted for the responsible duties of a physician, or who are likely to succeed in their chosen profession.

So universal is the demand for higher medical education, that in many States, boards of health and other constituted authority refuse to license graduates of medical schools having a shorter term of study than four years."

It must be a source of gratification to the members of the Arkansas Medical Society to know that the medical department of our State university is doing good honest work and is succeeding. The catalogue before us shows that eighty-five students matriculated last session, of this number sixty-four were from Arkansas, eleven from Texas, five from the Indian Territory and one each from North Carolina, Louisiana, Mississippi, Kentucky and Indiana.

Our medical school has sincerely endeavored to carry out to the fullest extent the requirements of the Association of American Medical Colleges. This it will continue to do not-withstanding the fact that it is a competitor of many schools who resort to all kinds of subterfuges and equivocations to get short term students and yet retain respectable standing with the medical profession.

Blank applications for membership, copies of the constitution and code of ethics will be furnished free of charge by applying to Dr. F. Vinsonhaler, secretary, Little Rock. *Apply*.

Dr. J. W. Hayes, of Marianna, is spending the summer at Eureka Springs where he is practicing medicine during his visit.

Editorial Notes.

At the laying of the corner stone of the new building of the New York Academy of Medicine, Mr. Cleveland said: "The nobility and sacred character of this mission will never lose its interest while humanity is touched with human woe; while self-sacrifice receives the homage of Christian hearts; while the suffering and sorrow of our fellow-men start the tears of pity, nor while their alleviation brings comfort and satisfaction to the soul of sympathy."

From the valedictory address of Dr. Loomis, from which the above is taken we quote another passage that gives food for reflection. He said: "Why is it that we will not see the truth within this mystery of death? We whine in greedy selfishness, "no man will miss me when I die," and will not see the reason which stares us in the face—the useless man receives his share of being missed when living, and cannot ask for more; the man whose worth is sterling cannot be missed; the force, that is, the man, goes on. As we turn our faces to the front, then, let us not forget these present, if unseen, fellows, but, made stronger in their influence, let us press forward with unfaltering courage and determination to make and share such measures of worth that we too shall not be missed."

In a congratulatory letter to the president of the State society a very dear friend and ex-president asked: "But what are you going to do when you become an ex-P?"

Much thought has been given to the subject, and the conclusion has been reached that the "Association of the Ex-Presidents of the Arkansas Medical Society" could afford an admirable organization which might be devoted exclusively to the

one object of seeing that all members of the organization attend the meetings of the State society. Now is a very good time to organize such a club as the work will be delicate and difficult. The writer proffers his services as adviser until the time when he will be eligible to membership. The oldest ex-president should be president for life, and the youngest secretary. This would enable the members to live in expectation and hope of again being the presiding officer of a medical body and might stimulate them to attend regularly.

The character sketch published last month was of Dr. E. H. M. Parham, and not of Dr. "Parkham" as it was printed.

Dr. A. B. Loving has removed from Pine Bluff to Camden. If the doctor puts his shoulder to the wheel there will soon be a medical society in Ouachita County. The State society has long felt the need of a live medical man in that county. Camden seems to have grown very much in recent years in every thing but medical organization. There is life in this good old county yet and we hope to hear of reaction commencing soon.

Chicago Doctors.

There are 3,400 physicians living within the corporate limits of the "Windy City."—Western Doctor.

The Decline of the Pessary.

No one invents a pessary nowadays, in strange contrast to the time when scarcely a man prominent in the practice of diseases of women did not invent one.—*Cincinnati Lancet-Clinic*.

Facial Eczema.

Eczemas in the face, observed in patients suffering with nasal catarrh, especially as found in children, are rarely curable unless the nose be restored to its normal condition.

The Arkansas Medical Hociety.

OFFICERS OF THE SOCIETY 1895-96.

President-L. P. GIBSON, Little Rock.

Pirst Vice Pres.—J. W. Haves, Marianna.

Second V. Pres.—W. W. Hipolite, Devall's Bluft. Treasurer—A. L. Breysacher, Little Rock.

Bourd of Cresors—J. S. Shibley, Paris; W. B Lawrence, Batesville; J. A. Dirrell, Jr.,

Little Rock; J. T. Jelks, Hot Springs; T. J. Wright, Fort Smith.

Section on Practice of Medicine—E. R. Dibrell, Chairman, Little Rock; C. T. Dren-

NEN, Secretary, Hot Springs.

Section on Surgery-W. B. Deffenbaugh, Chairman, Paris; E. A. Baxter, Secretary,

Melbourne.

Section on Obstetrics and Gynecology-J. C. Amis, Chairman, Fort Smith; C. E. Hurley,

Secretary, Bentonville.

The *Place* of Meeting—Fort Smith, Ark.
The *Time* of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

Committee of Arrangements—(Selected by the Sebastian County Medical Society). J. G. Eberle, Chairman, W. W. Bailey, E. G. Epler, D. M. Gardner, H. Moulton.

Committee on Credentials—Geo. F. Hynes, Chairman, T. J. Wright, F. Vinsonhaler.

COMMITTEE ON STATE MEDICINE.

E. G. EPLER, Chairman, Fort Smith.

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COUNTY.	NAME. PO	OST OFFICE.
Arkansas	W. H. Morehead	.De Witt.
Ashley	J. W. Simpson	Berea.
Baxter	I. B. Simpson	Mountain Home.
Benton	J. B. Simpson C. E. Hurley	Bentonville.
Boone	John Bolinger	Lead Hill.
Carroll	J. D. Jordan	Eureka Springs.
Clark	I. A. McCallum	.Arkadelphia.
Clav	J. A. McCallum W. B. Shields	St. Francis.
Cleburne	W. J. Hornbarger	Heber.
Cleveland	W. W. Breathwit	Kingsland.
Columbia	W. N. Warren	Buckner.
Conway	A. R. Bradley	Plummerville.
Craighead	C. M. Lutterloh	Jonesboro.
Crawford	M. S. Dibrell	
Cross	J. L. Hare	
Dallas,	Z. J. Lantorn	Dalark.
Drew	F. M. Loper	Monticello.
Franklin	H. H. Turner	. Ozark.
Garland	W. H. Barry	Hot Springs.
Hempstead	S. M. Carrigan	.Washington.
Hot Spring	I. F. Graham.	.Malvern.
Howard	J. T. Whitmore	Centre Point.
Independence	W. B. Lawrence	.Batesville.
1zard	D. E. Evans	Barren Fork.
Jackson	J. S. Graham	Tuckerman.
Jefterson	Z. Orto	
Johnson	G. D. Huddleston	Lamar.
Latayette	. F. W. Youmans	New Lewisville.
Lawrence	W. J. Hatcher	Imboden.
	T. J. Robinson	
Lincoln	E. T. Pry	
Logan	H. H. Keith	
Lonoke	F. A. Corn	
Marion	. W. R. Brooksher	Yellville.
Miller	W. C. Spearman	Texarkana.
Mississippi	R. C. Prewitt	Osceola.
Monroe	E. T. Murphy	
Nevada		Prescott.
Ouachita	A. B. Loving	.Camden.
Phillips	M. Fink	Helena.
Polk	. I., B. Sutherland	.Cove.

COMMITTEE ON STATE MEDICINE-Continued.

COUNTY.	· NAME.	POST OFFICE.
Pope	J. A. Westerfield	Atkins,
Prairie	I R Lynn	Des Arc
Pulaski	R. B. Christian	Little Rock.
St. Francis	W. R. Cason	Forrest City.
Sebastian	E. G. Epler, (Chairman) .	Fort Smith.
Sharp	John Johnston	Sidney.
Stone	John Johnston	Mountain View.
Van Buren	W. R. Greeson	Clinton.
Washington	A. G. Henderson	Fayetteville.
White		Searcy.
Woodraff	L. A. Jelks	McCrory.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.	NAME. P	OST OFFICE.
Arkansas	. H. Hutchinson	. De Witt.
Ashley	Eugene Christian	Portland.
Baxter	I. B. Simpson	Mountain Home.
Benton	C. W. Hurley	. Bentonville.
Boone	A. J. Vance	Harrison.
Bradley	No member of the State Society resid	les in this County.
Assley Baxter Benton Boune Bradley Calboun Carroll Chiot Clark		66 66 46
Carroll.	W. A. Reese	Eureka Springs.
Chicot	. No member of the State Society resid	es in this County.
Clark Clay	. C. Wallis	. Arkadelphia,
Clay	W. B. Shields	St. Francis.
Cleburne	Adam Guthrie, Jr	Quitman.
Cleveland. Columbia	W N Warren	Dualman
Conway	A D Bradley	Dlummawille
Craichead	H Vitchene	Loneshoro
Craighead	I A Dibrell Sr	Van Ruren
Crittenden	No member of the State Society resid	les in this County.
Cross	I Hare	Wypne
Crawford Crittenden Cross Darlus Desha Desha Drew Faulkner Franklin Futton	. I. Lantorn	Dalark.
Desha	No member of the State Society resid	les in this County.
Drew	I. Y. Pope	Monticello.
Faulkner	No member of the State Society resid	les in this County.
Franklin	V. A. Amis	Ozark.
Fulton	No member of the State Society resid	les in this County.
Garland	C. E. Holland, (Chairman)	Hot Springs.
Grant	No member of the State Society resid	les in this County.
Greene	66 66 66 66 66 66	66 66 66
Fulton Garland	C. M. Wilson	Hope.
Howard Independence I	. S. Corn	. Nashville,
Izard	J. C. Ewing	Batesville,
Jackson	M Iones	
Inflaren	C Lordan	Ding Bluff
Jefferson	V R Hunt	Coal Hill
Lafavette	W. Voumans	New Lewisville
Lawrence	V. I. Hatcher	Imboden
l ee	. W. Haves	Marianna.
Lincoln	V. M. Bittinger	Grady.
Little River	No member of the State Society resid	les in this County.
Lafayette. Lafayette. Lawrence. lee Lincoln Little River Logan Logan Logan Logarite.	. S. Shibley	Paris.
Lonoke	G. W. Granberry	Lonoke.
Madison	No member of the State Society resid	les in this County.
Marion	V. R. Brooksher	Yellville.
Miller	V (Spearman	evaryana
Mississippi I Monroe I	R. C. Prewitt	. Osceola,
Monroe	1. Murphy	Brinkley.
Montgomery Nevada	No member of the State Society resid	les in this County.
Nevaga	No member of the State Society regis	les in this Country
Quachita	R Lowing	Carrier County.
Parry	No member of the State Society socie	les in this Courts
Phillips	A. Horner	Helena
Omachita / Peny Phillips / Pike Poinsett	No member of the State Society resid	les in this County
Poinsett	66 46 66 66 66 66	11 11 11
Pope	V. H. Hill	Russellville.
Prairie	V. W. Hipolite	. Devall's Bluff.
Pope V Prairie V Pulaski J	. H. Southall	Little Rock.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION-Continued.

COUNTY.	NAME.	POST OFFICE.
Randolph Saline	No member of the State	Society resides in this County.
Scott	A. A. Sanford	Waldron.
Searcy	No member of the State	Society resides in this County.
Sebastian	B. Hatchett	Fort Smith
Sevier	No member of the State	Society resides in this County.
Sharp St. Francis	John Johnston.	Sidney.
St. Francis	J. R. Carson	Forrest City.
Store	R. S. Blair	Mountain View.
Union	No member of the State	Society resides in this County.
Van Buren	W. R. Greeson	Clinton.
Washington	. T. W. Blackburn	Favetteville.
White	D. H. Stayton	Searcy.
Woodruff	L. A. Jelks	
Yell	No member of the Stat	e Society resides in this County
		, , ,

Committee on Necrology—J. W. Hayes, Chairman, Marianna; J. T. Jelks, Hot Springs; F. Vinsonhaler, Little Rock.

A Correction.

The name of Dr. D. M. Gardner was accidentally omitted from the Committee of Arrangements as published last month. Dr. Gardner is one of Fort Smith's best medical men and a hard worker—just the kind of a person to be on a committee of arrangement.

Membership in the State Society.

It cannot be made too impressive that members, in good standing, of the county societies may become members of the State society at any time instead of at the annual meetings only. The advantage of membership before the annual meeting consists in the ability to keep informed of the movements of the medical profession throughout the State, to be informed of the titles of papers to be read, and the general arrangements that are being made for reaching the meeting place, and the entertainment while there. Besides, some physicians might take a sufficient interest in their profession to make it an object of pride to be instrumental in building up an influential medical organization. (See blank under "County Societies" in this issue.

Take Time by the Forelock.

To some it may seem a long time until April 29, 1896. Some one has said that it takes about thirteen months a year to raise a cotton crop. Preparations for the second planting have to be begun before the fruits of the first planting have been completely gathered. Conducting, successfully, a medical society is very much like the planting of cotton, with this difference that the medical society brings better returns under present existing conditions. If there is to be any harvest at our Fort Smith meeting the cleaning of the medical field, the rebuilding of the medical fences, and the taking in of new ground must be commenced a long time before the time for the expected ripening of the fruit.

The medical man is sometimes a very sensitive plant, and it takes lots of cultivation to get him to growing properly. Then again, he grows too fast and goes to stalk and leaves to the loss of the staple product. Altogether, there is so much to be done in the preliminary preparation that time, no less than energy, is requisite. Let the fall planting for the spring harvest be commenced now. August is the month in which farmers like to commence in the new ground to be planted the next year. Surely there is an immense amount of new ground in the medical wilds of Arkansas. Let us lay the worm of the new fence in the dark of the moon in August, and it will endure for a lifetime. (Consult your farmer friend about the time to commence a rail fence.)

The forelock is at the head, where the hold is taken for leading; the fetlock is on the limbs, and he who takes hold there is liable to be trampled upon; or, as the inelegant but expressive saying goes, "have the daylight kicked out of him."

Take time by the forelock if you want to be a leader in the next campaign.

Blank applications for membership, and copies of the constitution and code of ethics can be obtained, free of cost, by simply writing to Dr. F. Vinsonhaler, secretary, Little Rock. Write.

County Societies.

The County Boards of Medical Examiners.

As it only requires three members to constitute a county medical society, certainly in all counties where there are not at present societies, the county boards of examiners, where they are composed of three regular graduates, can organize themselves into county societies and secure membership in the State society.

Form of Application and Certificate.

We print below a blank form for application for membership. Those who are already members of the State society are earnestly requested to tear this out and obtain the application of some member of their county society. Blank forms will be furnished by the secretary of the Arkansas Medical Society, Dr. F. Vinsonhaler, Little Rock, Ark. The JOURNAL will be mailed to all new members as soon as their applications are received.

By a little exertion on the part of those already members, the membership in the State society can be rapidly increased from now on. The dues are but little in excess of the usual subscription price of journals of the same class as the JOURNAL OF THE ARKANSAS MEDICAL SOCIETY.

Blank applications for membership and copies of the constitution and by-laws can be had simply for the asking, by writing to Dr. F. Vinsonhaler, secretary, Little Rock. Ask.

CERTIFICATE OF LOCAL MEDICAL SOCIETY.

OBBIFICAL	D OF L	OVAL I	LEDICA.	n pact:	DII.	
This certifies that	***********	**********				M. D.
of	z				_	standing
of the	-	Coun	ty M	edica	l Ass	ociation. Society.
Presiden	vt					
Secretar	<i>y</i>					
Signed	to take effect189	ARKANSAS MEDICAL SOCIETY,	I hereby make application for Membership in the	189	APPLICATION FOR MEMBERSHIP.	Arkansas Medical Society.

1093.					
EDITOR JOURNAL ARKANSAS MEDICAL SOCIETY:					
Enclosed finddollars, for which enter					
the following names of subscrib					
NAME.	POST OFFICE.				

Respectfully,					

TROP

Miscellany.

Concerning "Dyspepsia."

From the amount of pepsin on the market we would certainly be led to believe that so-called dyspepsia is a well defined disease. There is a sort of poetic justice about the fact that the American hog, whose lard or pork are commonly held guilty of what is often spoken of as our national malady, should now furnish the popular remedy therefor. We might almost transpose "a hair of the dog that bit you" into "a stomach of the pig that upset you' for according to the popular view at least "dyspepsia'' is looked upon as a disease of the stomach. The public knows perfectly what "dyspepsy" is, and just what to take for it. Pepsin, in some form, is poured into our feeding-bottles at the dawn of our existence; it is kept upon our pantry shelves like sugar or soda; it surges and bubbles in our soda-water; it lurks in our chewing gum. We smuggle peptones into the economy with the bouillon that opens the banquet and in the jellies that crown its close. It looks as if the stomach would become a supernumerary organ, like the third molar—and the mammary gland of modern women. Whence has arisen this deep-rooted idea? From the medical profession, of course. In fact, medical men are almost as fatuous as the community in regard to pepsin, prescribing it in every emergency as they used to prescribe calomel fifty years ago. And yet the dyspeptic is abroad in the land as never before.

We are all proud, and justly so, of the rapid strides that have been made in the pathology of disease in the last thirty years. Probably no one principle has done more to clear our diagnosis, systematize our pathology, and advance our therapeutics than that of rigidly sifting and resifting the evidence until the one organ has been found that is chiefly responsible for

any given disturbance. But have we not carried the process too far in some cases? We do not refer simply to such wildgoose applications of it, as, for instance, graduated tenotomy for epilepsy, cauterization of the turbinates for asthma, or repair of the cervix for neurasthenia, but to more rational and generally accepted results of the method. For instance, it was a great advance and triumph when Bright discovered that the complexus of symptoms that bears his name was caused by disturbances of the filtration-processes in the kidneys. does any thoughtful physician to-day regard so-called Bright's disease as primarily and essentially a disease of the kidneys? Are these organs not simply vicarious sufferers for the shortcomings of either the liver-cells or the muscle-cells, resulting in a poisoning of the arterioles in the body generally? The glomeruli simply suffer as part of the vascular system. Are we not also beginning to suspect something of the same sort in regard to pulmonary tuberculosis? We know all about the tubercle anatomically, and the bacillus has become one of our household gods, a word to conjure with, an explanation for everything; but why is it that this organism has in nine cases out of ten to attack the lungs before it can pull down his prey? It effects an entrance into every part of the system, but in the lungs alone can it usually produce a fatal result. It would appear as if pulmonary tuberculosis were not so much a disease of the lungs as that the latter were a point of least resistance for the whole system.

Something of the same sort appears to be true of the disturbance of digestion called dyspepsia. We use the term "dyspepsia" simply as one of convenience, as describing not a disease, of course, but a well known group of symptoms, usually referred to the condition of the gastric mucous membrane and contents. There can be little question that the stomach has been held responsible for far more than it deserves. In the first place, many of our worst dyspepsias are really, to coin a term for the moment, "dystrypsias," and dependent upon enteric pancreatic disturbances; others again are of hepat-

ic and even cholecystic origin; while most cases of "gastralgia" are really anginal and of cardiac origin. But apart from all such confusions, is the stomach or its contents essentially and solely responsible in the large class of dyspepsias that are of "gastric" origin? Our enthusiastic bacteriological friends say yes at once; the contents alone are to blame. Tell them what germ has been ingested with the food and they will be able to state in advance what form of indigestion will result. They are now seriously proposing a classification of gastric troubles, lactic, butyric, gaseous, and yeasty dyspepsias, according to the germs that give rise to these various fermentations. Gastritis oidica albicans, gastritis torulosa, sound well, but we think there are valid objections against regarding the gastric mucosa as simply a culture-plate for germs at the sweet will of the latter. On the other hand, the medical man is also inclined to blame the contents of the stomach, as his first question usually is, "What have you been eating lately?" and if pork, or pie, or cake is mentioned, he exclaims triumphantly, "That's what did it," and prescribes pepsin, followed by a saline; forgetting that there are hundreds of men, women, and children in the rural parts of that very community who habitually have soda-biscuits and doughnuts for breakfast, fried pork and mince-pie for dinner, or baked beans and "oak-bark" tea for supper, and never find out that they have a stomach.

We are supposed to be a nation of dyspeptics. This peculiarity is variously attributed to the use of the frying-pan, mince-pie, too rich foods, hurried meals, tobacco, and insufficient mastication. Abernethy held these views as to mastication, for his crusty advice to the rich American who consulted him for indigestion was simply to expend upon his food the jaw-power that he wasted upon his quid and the saliva that he squandered upon his carpets.

Part of our troubles are no doubt due to the thoughtless way in which we revel in the cheapest, most varied, and abundant food-supply the world has ever seen. More may be

traced to our senseless neglect of the comforts and decencies of the table—and as of almost anything else—in our mad rush after the nimble dollar.

But these causes alone are by no means adequate, for we must remember that if our American dietary is prodigally rich and varied, it is also the most abundant, the most nutritious, and, broadly considered, the most easily digestible in the world. We know nothing of the insufficiency, the coarseness, the deadly monotony of European peasant and even middle-class diets; while as for indigestibility and "unhealthiness," what have we to compare with sauer-kraut, boiled dough, cabbage soup, black bread, unleavened "leather" cakes, and raw sausage? Our "twenty-minutes-for-dinner" style of eating is no doubt injurious, but even in this connection our cookery has been adapted to our habits and everything boned, minced, hashed, and cooked to a pulp, so that our teeth are actually decaying from lack of exercise. It is the rush back to work after the dinner that does the mischief, and not the mere mechanical obstacle of imperfectly masticated food

But the most fatal objection to this theory lies in the fact the mass of our dyspeptics are ''dieters'' to a man—or woman. They talk ''health-foods'' from dawn to dark; they abstain from biscuit, from fried cakes, from the pleasant pie and the juicy cabbage; they shudder at the mention of pork, ''anything that has lard in it'' is an unclean thing to them. They mortify the flesh on Graham gems and similar atrocities, on oatmeal and germ foods, on quarts of hot water and slops of every description—and still they suffer. The more carefully the diet is ''regulated'' the worse, as a rule, is the ''dyspepsia.''

When any man attempts to substitute his own puny "reason" for the instructive wisdom of a thousand generations he usually makes a mess of it. Digestives give only temporary relief. The trouble is not with the food, nor yet with the stomach, but with the whole individual. Take one of these valetudinarians out into the open, put an oar or a fishing rod into his hand, or a twelve-bore across his shoulder, and let him thrash the streams

or tramp the uplands from dawn to sunset, and what of his dyspepsia? Within forty-eight hours he will be devouring the swimming salt pork, the substantial sausage, and the alkali biscuit of his farm house fare with relish and impunity. His muscles loudly demand such pabulum, and their servant, the stomach, takes care of it, as ordered, without remonstrance. In short, in most cases of dyspepsia the stomach is the point of greatest stress and strain in a generally enfeebled and devitalized organism and consequently the place where the breakdown occurs. Let the business "hustler" and the model housekeeper relax the strain and tension and their dyspepsia will improve pari passu.

Discomfort here, as elsewhere, is a danger signal that should be heeded and brakes whistled down at once, instead of being muffled by pepsin. Even regulating the diet is at best a mere palliative and a serious mistake ultimately. The pressure on the stomach is lightened thereby, but the strain on the whole system continues unchecked. More than this, 'regulation' usually involves the substitution of less nutritious and substantial foods than before, and the *circulus vitiosus* is actually strengthened thereby. The stomach refuses to digest fats and proteins because its blood-supply is of poor quality; it is humored with sugars, starches, milk, etc., and thus the blood is cut off from the very supplies out of which it might have repaired its deficiencies and sinks more deeply in the mire of degeneration.

Pepsin and dieting in such cases are but little more rational than the use of opium. We ought to go to the root of the matter and never rest satisfied until our dyspeptic patient's stomach is in such condition that it will digest anything in reason that he puts into it. We should insist upon whatever possible changes in his hours, responsibilities, habits, and recreations may be necessary to attain this standard. A dyspepsia cured by dieting is a dyspepsia uncured. To relieve gastric distress in such cases by reducing and watering the diet is like easing a crushing machine by increasing the distance between its rollers; it continues in operation with less motive power, but what sort of work does it do? A man may continue to exist on Graham bread, milk-

toast, beef-tea and gruel, but he does not really live, still less grow and repair waste.

Instead of encouraging our patients to avoid everything that "disagrees" with them, we should urge them to a persistent effort to make everything agree with them. Let us insist that they make themselves not merely "stomach-hungry," but "muscle-hungry' every day, and all other things shall be added. Our standards of "dyspepsia" have been altogether too low in the past. Any sort of a diet that could be devised that a man could shuffle along upon, extracting a living out of it, without actual discomfort, has been considered sufficient. An able-bodied stomach, even less than this, a really "practical" digestion, must be capable of assimilating not only all digestible things, but a great many so-called indigestible ones as well. A cruiser that is to steam ten knots an hour as a routine pace must have a possible speed of at least fifteen knots under pressure. It would not be a bad idea to fix upon a "standard food" that our dyspeptic stomachs should be required to digest before being allowed to consider themselves cured—pork, for instance, for, leaving idiosyncrasy out of the question, any one who cannot digest this in the form of breakfast bacon or ham ought to be regarded as dyspeptic in posse, if not in esse, or, to borrow a term from circulatory pathology, as suffering from "gastric inadequacy." As a matter of fact, almost every Gentile whose dietary does not include pork in some form is either dyspeptic or will soon become so. Dyspepsia is emphatically a disease of under-feeding, instead of over-feeding. In practice one will see more cases cured by pork than by pepsin.

Dyspepsia should be treated as a symptom sometimes—as we are at last learning—as a reflex neurosis, and essentially as a systemic instead of a gastric disease, and it will cease to be one of the approbria medicina.—Editorial, Medical News.

A Test for Dyspepsia.

The following is suggested as a test for "gastric inadequacy" as spoken of in the preceding article. It is taken from *Harper's*

Basaar and is only one of a number of "cold dishes for hot weather:"

Cheshire Pork Pie.—Skin a loin of pork; cut into small steaks; season with salt, nutmeg, and pepper. Make a piecrust, and fill with a layer of pork, then one of apples, pared and cored, and sugar enough to sweeten it, then another layer of pork; pour over half a pint of white wine, and cover all with a little butter before covering the pie. Serve cold.

Degenerate or Unregenerate.

The prime function of the pulpit is to convince mankind that it is unregenerate and to urge upon it simple means for the prevention and cure of his condition. The methods proposed are at once simple and sensible, and where truely applied have invariably proved efficient. But in spite of the persistent and fruitful efforts of the pulpit to regenerate the human race, so much remains undone that it appears to have become necessary for medical science to take a hand in the matter and to aid or hinder, as the case may prove, the work of the pulpit by demonstrating that the unregenerate is, as a matter of fact, not simply unregenerated but actually degenerated. To such as are qualified to comprehend the scientific value of a fact in science, and to deal with it in a scientific manner, the demonstration will be of value, but to the general this theory of degeneracy is only another twist in the meandering curve of can't, if one may so call a diagramatic illustration of the methods of logic pursued by those who seek to prove the total irresponsibility of any wrongdoer-''because he 'can't' help himself.''

Without entering into a discussion of this phase of the subject it may be said in general terms that unregeneracy is much more prevalent than degeneracy, and that a man may be both unregenerate and degenerate, or may be either one without being the other. Certainly the pulpit has not exhausted its field of labor and need not retire from business.

Recently Max Nordau's work on "Degeneration" has awakened considerable popular interest and not a little discussion in intellectual circles outside of the medical profession. Its pseudo scientific character and somewhat novel attempt to demonstrate the stigmata of degeneration to be present in some of the most prominent writers and artists of this generation has brought to the author considerable prominence, some approval, and much obloquy. This last is not to be wondered at as many of the living lights of literature and art have some natural compunctions against wearing shoes made over Dr. Nordau's last.

Dr. Nordau's work, undoubtedly has some genuine scientific value even if, measured by his own standards, the author is himself degenerate. There is such a thing as degeneration. What it is may well be answered by quoting in full the definition given by Dr. Dana in a recent article in the *Forum*:

"Degeneration is a variation from the average type of the family or race, this variation containing with it a tendency to sterility and extinction of the family. Now, the average or normal type is necessarily a healthy one, otherwise the family and race would die out because, as physiology has shown, only healthy individuals can long propagate the race. Hence Morel's definition of degeneration very properly says that it is "a diseased variation from the primitive type," but this modification is very necessary, since most variations partake of abnormality. Dr. Nordau and other writers speak of degenerates as diseased persons. I would, however, use the milder word disordered, or abnormal. In disease there is, speaking generally, a vicious something added to the system, which poisons and perverts it, but in a "disorder" there may be only a disarrangement or disproportion of parts. The bricks and beams of the structure are sound but they are not put together in their proper relation, and instability results. In degenerates there is always some of this disorder or abnormality. Degenerates vary in degree. The lowest forms includes idiocy and imbecility; they are called debiles. The next higher group form the inferior degenerates,

who are simply weak-minded. The highest group are the superior or intelligent degenerates, who form the class about which Dr. Nordau writes. Lombroso calls certain of them mattoids. The mental peculiarities of these persons have been elaborately characterized by Dr. Nordau, and he has given so many symptoms that the reader, I presume, is inclined to say; "Everybody who amounts to anything is a degenerate, and the book simply proves that disease is a good thing and every one ought to have a little of it." I do not shrink from this logical conclusion if the premises warrant it, but Dr. Nordau has not put the matter in quite a fair light. He shows the lack of a certain sense of proportion in his description of the symptoms of degeneration and he does not sufficiently emphasize the vital points. The higher degenerates, in order to be strictly classed as such, must possess seriously abnormal qualities, which are not found in all or in most of the great men of the world. Many have a touch of degeneracy without being really degenerates, just as a person may have a rheumatic tendency without ever being crippled by a frank attack of rheumatism.

The signs by which the degenerates are recognized are called stigmata, and they are of three kinds, viz.: the physical or bodily, the physiological, and the mental stigmata. An enormous amount of interest has been excited, chiefly through the work of Lombroso, about the investigation of bodily stigmata. The matter is being overdone, like many good things, but there is fundamental truth in the significance of the bodily anomalies supposed to characterize the degenerate. They consist of peculiarities in the development of the body system, the shape of the head, the conformation of the ears, the palate, the hands, the toes, and other parts of the body.

The degenerate has also some peculiarities of bodily function, such as weakness of the circulation, lack of power to endure fatigue, unusual reaction of stimulants, sterility and allied weaknesses. These form the physiological stigmata. Finally, and most important, he must have mental peculiarities which are called the psychical stigmata. The two most characteristic

are an extreme emotionalism and impulsiveness which go together, and a tendency to *obsessions*, by which is meant "the sudden irresistible forcing and fixing in the mind of ideas that dominate and distress or exalt the individual, despite their being without sound basis." An obsession is an irresistible and fixed idea, though, perhaps, all fixed ideas are not obsessions,—a concession I make out of deference to certain eminent novelists with theories, and honest advocates of free-silver, of anti-vivisection, and of mind healing, etc.

Other mental characteristics are an intense egotism and selfishness. The degenerate is self-centred rather than deliberately selfish. In the horizon of his consciousness he always sees his own figure conspicuously projected. In some cases, a morbid eroticism, and in all cases defects in moral sensibility are noticeable in those who have morbidly deviated from the type. Underlying all is an instability of mind, a lack of mental equilibrium. The intelligent degenerate, and it is he whom I am just now describing, is one who makes the judicious grieve; and when the judicious agree in grieving, they have pretty well fixed the diagnosis. Associated with all degeneracy, again, is the inherent weakness of reproduction of the species. The children of the degenerate, if any exist, are more degenerate and the family finally dies out. No pair of degenerates can surround themselves with healthy children and grandchildren. Here is another test which may comfort the degenerate egotism of our later years.

I have described, so far as the mental symptoms go, only those that must be found in the higher class of degenerates to whom Dr. Nordau addresses his graphomania. Insanity, criminality, inebriety, imbecility are the expressions of lower type. Many of the individuals of this higher type are known to the world as "cranks;" others are characterized by economists as "anti-social;" and a large number is looked upon from the religious standpoint as plain bad men. And in this connection it may be noted that Dr. Nordau has tried to show that a large number of the persons whom our Puritan forefathers would have

called wicked, are, in fact, diseased. Such is the state of civilization now that if John Knox were living and had thundered against the librettos of Wagner, the novels of Gautier and Zola, the poems of Baudelaire, the plays of Ibsen, and the æsthetics of Kilanyi, we should smile at his simple Christian Philistinism, but when Dr. Nordau directs the choicest stores of a rich and ripened vocabulary in denouncing them, we are seriously interested. It is in his practical application of the facts of degeneration to the artist world that Dr. Nordau has been most criticised.

In many instances Dr. Nordau has undoubtedly made mistakes of a most silly character. He now often drops his scientific method and becomes most interestingly abnormal. In taking a certain person, such as Wagner, for example, and trying to make a diagnosis of degeneracy in the case, a careful alienist would feel obliged to discover in his person, his mode of life, and his work the essential stigmata of the disease. Did the great musician show in any abnormal degree the violent emotionalism, the impulsive acts, the obsession, the egotism, the eroticism, the moral insensibility and instability which characterize the disease? Or did he show the more minor symptoms, such as mysticism, a tendency to inane revery, a mania for writing and iteration of ideas, a sadness of spirit and constant searching after cause—things which, of themselves, have little significance? Were his person and his life characterized by the stigmata of degeneracy? I do not pretend to decide, but I should consider Dr. Nordau's characterization of Wagner as "the last mushroom on the dunghill of romanticism" to be at least severe and hardly warranted by the facts collected. Everyone will agree that a mistake in diagnosis is made in putting the ban upon Ruskin, the harmless and interesting pre-Raphaelites, and certain others whom the artistic world admires. I doubt if Ibsen is "a malignantly anti-social simpleton," for the great mass of people are not affected by him, find no message in his work, and tolerate his gloom for the sake of his fine dramatic art. Dr. Nordau lacks the saving grace of humor,

with which no one can be really insane, and he takes some of the queer turns of the artistic nature too seriously.

But while Dr. Nordau makes his mistakes, he achieves also splendid successes, and I know nothing finer, more refreshing, more scientifically accurate or helpfully ethical than his portrayal of the essential disease and depravity underlying the art of the Parnassians, the decadents æsthetes, and certain types of realists. There are among them art and poetry, but it is the stuff that comes from nature's slums; it is the stenching secretion of the diseased growth; it is nature, to be sure, for death and disease are natural; but it has nothing in common with healthful life and the effectiveness of the race. it is here that Dr. Nordau's book possesses its essential value. It teaches us to discriminate in our search for art and æsthetic impressions. The art-work of the degenerate may have value, but it is often tainted, and we must accept it critically, not sympathetically. Furthermore, we can be very sure that the art ideas of the degenerate are usually tingled with folly; they really do not tell us anything new, or move us forward toward perfection. Some critics cry impatiently, that they do not care for the man if only his work be beautiful; but the things cannot be entirely dissociated. If the man is really a form of decay, his art will show it in time; like a putrid fish, it may shine but it smells.

There has grown up a curious feeling that art is sacred; the formula "art for art's sake" is supposed to answer all objectors; and whoever denies the essential value of a thing that is agreed to be "beautiful" is a Philistine, or simply stupid. It requires much personal and civic courage to suppress a play or a "living picture" if the critics assert that it has æsthetic value. This, I submit, is not what modern ethic teaches. Art is not an end; it should only color our life, not chisel its form (I believe I am quoting from Bulwer); and the really beautiful may be dangerous, devilish and nasty. So I say again that those who protest against vileness should not be silenced because a

thing is really beautiful; if the beauty does not promote the the efficiency of the race, it has no justification for its being.

There can be no question that many of the psuedo-geniuses in art and literature, such for example as Oscar Wilde, are degenerates. Whether genius is an evidence of degeneration seems to me a matter not very difficult to decide. Most men of genius, especially on the artistic side, have shown marked signs of degeneration; they, technically speaking, have a degree of degeneration, but they are not true degenerates. In particular their genius in itself is not a morbid thing or stigma; to say this would be a manifest absurdity. The true degenerate is never a real genius, but a pseudo-genius, or, as Lombroso calls him, a mattoid. It is this kind of person, the art and literary and political and social mattoid, that society should scrutinize and beware of."—Medical and Surgical Reporter.

The Present Status of Hysterectomy in Puerperal Sepsis.

What is the proper management of puerperal sepsis? It is probable that the abdominal surgeon does not encounter a more perplexing and yet a more intensely practical problem than this. When it is remembered that the mortality of childbirth, now happily reduced to less than I per cent in large communities, is in main part due to septic infection, and that these fatal cases frequently pass under the knife of the surgeon, it becomes evident that a better understanding of this insidious condition is essential to its more successful treatment. Thanks to the ghastly revelation of the autopsy table, we have now reached that period at which we can claim at least a working basis upon which we may confidently hope to establish a radically improved plan of campaign in dealing with puerperal septic infection.

As seen in the light of recent investigations, and especially as elaborated in the discussions of representative medical bodies, septic puerperal patients resolve themselves into two great classes, -namely, those in which the infective process is localized in the pelvis and those in which a general systemic involvement has followed upon the local infection. Experience has proven that once the infectious principle has spread beyond the confines of the pelvis and is coursing through the vascular and lymphatic systems or is creating havoc in the general peritoneal cavity, the period for the institution of successful operative treatment has been passed. While not absolutely hopeless, the almost invariably fatal result that follows closely upon the attempt at radical extirpation of the primary seat of infection might well make even the boldest champion of modern surgery withhold his knife. It is while the disease is localized within the pelvic cavity that the golden opportunity for true surgical conservatism is offered. Unfortunately the dividing line between simple intrauterine treatment and total extirpation of the diseased organ is not closely defined, and it becomes almost impossible to state in any given case just when the curette should be abandoned for the knife. One statement can be made dogmatically, however, and that is that simple removal of the appendages—although probably the seat of suppurative inflammation—is generally worse than useless in such cases. As has been remarked by an eminent abdominal surgeon, the uterine walls in these septic cases constitute nothing more nor less than one immense abscesssac. If this be true, what benefit can be expected from oophorosalpingectomy? Equally unavailing will curettage of the uterine mucosa be in destroying the foci of septic infection in the walls of the organ.

It appears, therefore, that the favorable period for hysterectomy for puerperal sepsis lies somewhere between the first few days after the infection and its generalization. The vast majority of the operations performed after the seventh or eighth day of the disease have thus far resulted fatally, while those performed earlier have almost as uniformly resulted in a perfect cure. One would seem justified in suggesting some such course as the following: Given a puerperal patient with fetid lochia, high fever, rapid-running pulse, and marked pelvic manifestations, thorough

curettage of the uterine cavity under the most approved antiseptic precautions should be performed, and drainage secured. If but slight improvement, as indicated by a moderate fall of temperature, follows, and the rapid-running pulse persists, a second curettage may be attempted twenty-four or forty-eight hours later. If no marked improvement follows, it would be proper to perform an abdominal section with the view of accomplishing a supra-vaginal hysterectomy, should direct examination of the uterine body reveal a spongy and boggy condition of its walls, even though the appendages have not as yet participated in the septic process. It is certain that once the disease has exceeded these bounds, hysterectomy, which would then become inevitable, will be performed under very adverse circumstances, and the patient will be denied the chances which an operation performed twenty-four or forty-eight hours earlier would have afforded her. True, it is impossible to state dogmatically that this patient would not have recovered without operation, but in the light of our present experience the balance weighs heavily against such a fortunate termination. Viewed from an impartial standpoint, this would seem to be the position held to-day by the conservative surgeon whose duty should be to preserve life, even at the expense of an important organ, the preservation of which would jeopardize the patient's existence. Not a voice can be raised against the operation when absolutely indicated. The only question that arises is, when do the indications exist, and what are they? Additional weight of evidence taken from the new basis alone can definitely answer. -University Medical Magazine.

Disinfection of Recent Wounds.

From a clinical standpoint there seems to be nothing more certain than that antiseptic surgery has one of its most useful applications in the disinfection of contaminated wounds. The proof as to the efficiency of antiseptics, such as bichloride, as applied to all forms of affected wounds, is so overwhelming that there should apparently be no need of corroboration from the laboratory standpoint. The researches of Schimmelbusch, corroborated by Pfuhl, Renault, Bouley, and a number of others, apparently absolutely disproving the efficacy of any antiseptic, even if this be thoroughly applied within a few minutes of the time of contamination, have been so widely quoted, and have so profoundly impressed a certain number of scientific surgeons, that Henley's paper in the *Archiv fur Klinische Chirurgie*, vol. xlix., 4th section, is timely and important.

Schimmelbusch and hls followers, using the anthrax bacillus as the germ of infection and mice as the animals to be experimented upon, proved conclusively that the disease, once inoculated, ran identically the same course, whether the seat of inoculation was or was not immediately disinfected (*Therapcutic Gazette*, June, 1895.) Moreover, if the end of the mouse's tail was inoculated and the tail amputated in ten minutes, the mouse still perished of anthrax. The natural conclusion to be drawn from these experiments is, that attempts at disinfection are perfectly futile.

It is clear however, that the action of anthrax upon mice is by no means similar to that of the ordinary infecting germs of the human, and hence that conclusions drawn from such experiments are not capable of clinical application. The anthrax bacillus at once overcomes cell resistance, probably by the ptomaines it produces, and is taken up by the circulation. The streptococcus and staphylococcus, the ordinay germs of wound infection, act quite otherwise. Their destructive power is far less. They remain strictly localized unless present in overwhelming numbers or representing cultures of unusual virulence. Even under these circumstances a certain length of time is passed before tissue resistance is overcome. It results from this fact that, if the point of infection be thoroughly cleansed and germs cease to multiply here, there will be no systemic infection, a point in which the pus microbes differ radically from those of anthrax, since the latter may, and often do, cause death from systemic involvement, even though the wound of entrance be thoroughly purified and heal per priamam.

It was for the purpose of offsetting these experiments of Schimmelbusch and his followers that Henley took up the laboratory study of streptococcus infection. The germs were obtained from erysipelas and phlegmons occurring in the human, and were inoculated into the ears of guinea-pigs. In some cases they were rendered excessively virulent by being grown in a succession of guinea-pigs, the spleen pulp of one animal dead of streptococcus infection being inoculated into another animal, and the reënforcement being so continued. The right and left ear of each animal was inoculated with a cut of the same depth and length, and with a similar amount of germ-bearing mass. Microscopic sections were in many cases taken to discover the extent to which the germs had spread. One ear was for a varying time from the period of inoculation washed with the bichloride solution of I to 1000, the other was either not treated at all or was washed with distilled water. The results show, almost without exception, that the application of bichloride prevented the development of erysipelas. The ear which was not treated, but simply cleansed with water, after thirty or forty hours became swollen, red, and infiltrated, presenting all the symptoms of a local erysipelas. Microscopic section showed wide diffusion of the germs. The disinfected ear remained normal without reaction, saving that which comes from the healing of a clean wound. Microscopic section showed complete absence of germs. Beginning with disinfection carried out a few minutes after the infliction of the wound, and lengthening the intervals, Henley found that if bichloride is carefully employed three hours after infection, even though the most virulent form of streptococci have been inoculated, the wound remains reactionless. In some cases, when cleansing was not attempted for eight hours, erysipelas did not develop, or, if it did, was milder and slower in its course.

The microscopic sections showed that for the first four hours the germs remained strictly localized; after this they

began to penetrate into the lymph-spaces, and were found at some distance from the surface of the wound, hence beyond the action of even powerful disinfectants. As to the clinical application of these facts, it is clear that the value of the antiseptic treatment of recent wounds is thoroughly corroborated by laboratory research, and to be effective the antiseptic must be applied as soon as possible after the infliction of the wound, and must penetrate to its deepest part; that there should be no hesitation in enlarging wounds when necessary to allow of thorough application of the disinfectant to all its portions; that crushed, bruised, and ragged portions of tissues should be removed by the knife or scissors, as representing tissues of such low vitality that they offer no resistance, but rather a favorable food for the multiplication of germs. But even if the wound is two or three hours old, the surgeon may fairly hope by thorough application of his antiseptics to avoid suppuration.

These experiments would seem to indicate that some change is required in the technique of first aid dressings. The direction usually given to those who are liable to be called upon to apply such dressings, or to surgeons who are called in for the emergency treatment, is that an antiseptic or aseptic occlusion bandage should be applied. This is probably sufficient where the wound can be subjected to cleansing within one or two hours. Where, however, it is probable that a wound will not be so treated for many hours, as, for instance, when a patient has to be transported for a long distance, those who administer first aids should certainly be instructed in the proper method of thorough flushing with bichloride solution, I to 1000. The tablets for making such a solution are readily kept and carried, and sufficiently pure water is nearly always at hand.

Schimmelbusch's paper has been widely quoted by the adherents of aseptic surgery. Henley's research, which has been amply corroborated by other experimenters, thoroughly answers the arguments based on the deductions drawn from Schimmelbusch's experiments.—The Therapeutic Gazette.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

SEPTEMBER, 1895.

NUMBER 3.

Medical Hociety Papers.

Two Cases Illustrating the Importance of Early
Operative Interference in Certain Acute
Abdominal Diseases. One of Intestinal
Anastomosis with Murphy's Button.

BY J. A. DIBRELL, JR., M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

The subjoined case I saw January 4, 1895, in consultation with Dr. S. H. Kempner of this city. The patient gives this history of himself, viz:

B. A. N.; white male; aged 52. "Ruptured on right side in 1872. Wore a truss constantly and had but little trouble. Hernia occasionally came down, but it was usually easily reduced, though on one or two occasions it took more than an hour to reduce it.

December 29, 1894, 7:30 p. m., the rupture protruded about as large as a hen's egg. Manipulated it gently for an hour or more without effect and went to bed. I suffered considerably during the night, and called in Dr. Kempner early the next morning, December 30.

Vigorous efforts on the part of the physician to induce action of the bowels from December 30, 1894 to January 4, 1895, during which time I suffered a good deal of pain in bowels and stomach. Took but little nourishment and was frequently sick at the stomach, throwing up large quantities of bile, etc. I was removed to the Little Rock Infirmary January 4, and operated upon. Had no fever or pain after the operation. Bowels moved regularly with the aid of small doses of salts. Appetite good. Left the infirmary January 23. Returned to business February 14. Weight December 24, 1894, 142 pounds; February 17, 1895, 147; March 24, 151 pounds."

Dr. Kempner gives me the following notes, viz:

"During Mr. N's illness I gave him calomel, salts, and enemata with negative results, although the bowels had moved once spontaneously after the hernia came down. There were no positive signs of obstruction, except the failure to produce evacuations, i.e.: no tumor, no tenesmus, no bloody discharges from the bowels until the fourth day when stercoraceous vomiting occurred.

Immediately after the operation the patient received an ounce of Glauber's salts, from the effects of which the bowels moved eight times.

Recovery was uninterrupted.

Jan	. 5,	1895,	temperature,	a. m.	98.5°	p. m.	99.4°
4.6	6	6.6	6.6	6.6	99.4	66	99.5
4.6	7	6.6	6.6	6.6	100.8	66	98.5
6.6	8	6.6				66	99
6.6	9 .	6.6				66	101.4
	10	6.6				66	98.5

January 10 found pus in place from which iodoform gauze was removed. Applied peroxide of hydrogen thoroughly, and from this date the patient went on to recovery without any abnormal symptoms."

I visited the case with Dr. Kempner at 12 m. On our way to the patient's home we met Dr. L. P. Gibson whom we took along with us. Dr. Gibson had seen the case a couple of

days previously, and had then been impressed with the necessity for operative interference, and so advised. The patient was very calm; was suffering but little. There was occasional nausea and stercoraceous vomiting. Temperature and pulse were normal.

The abdomen, while not greatly distended, was somewhat tender, especially in the right lower half, tight and tympanitic. A small tumor could be felt at the right internal abdominal ring. This had been present ever since the first descent of the hernia in 1872, the patient never having been able to entirely reduce it. It was slightly tender on pressure.

We were fully convinced that the case was one of obstruction of the bowels and that, with the history given was undoubtedly due to strangulation of some portion of the small intestine, the omentum, or both.

Without further delay the patient was taken to the Little Rock Infirmary and operated upon that afternoon.

It was deemed best not to make the incision as is ordinarily done in herniotomy, but in order to meet any possible complication that might exist, a laparotomy was made by an incision to the outer side of the right rectus muscle, 4 inches in length. No sooner had the peritoneum been opened than the enormously distended and congested small intestines rushed through the wound forming a huge mass. In color, they were about that of claret wine.

A small knuckle of the small bowel was found incarcerated at the internal ring, which was, by erosion, deprived of its serous coat. But it was not quite so far damaged as to render its resection necessary. The distended intestines could not be replaced, the bowel therefore was punctured with a scalpel and the fluid and gaseous contents allowed to escape. They were then reduced without much difficulty, the punctured wound having been closed with Lambert sutures, and the external wound with silkworm gut.

The notes furnished by Dr. Kempner, and the patient himself, show that the recovery was rapid and uneventful.

LAPAROTOMY FOR APPENDICITIS.

Etta R., a bright little white girl 13 years of age, returned home from her work in a bookbindery, at 9 o'clock a. m., Saturday, January 5, 1895, complaining of a violent pain in her bowels.

Though she felt some uneasiness in her abdomen the previous night, the inset of pain the next morning was sudden. Her mother during Saturday and Sunday administered various domestic remedies, and applied hot fermentations to the abdomen, but no relief being obtained I was called to see the child Sunday, after night.

The patient had a temperature of 102½°, pulse quick, and there was nausea and some vomiting. There was pain over the greater portion of the abdomen, but in the right iliac region a well defined swelling extremely sensitive on pressure. I had no difficulty in arriving at the conclusion that it was a case of appendicitis.

Having an opportunity for the next morning, I requested Drs. L. P. Gibson and E. R. Dibrell to visit the case early, and if the diagnosis was confirmed to make arrangements without delay at the Little Rock Infirmary for the operation.

The diagnosis was confirmed, but it was not until 3 p. m. that the operation was made, the intervening time being consumed in obtaining the consent, to the operation, of the mother and other parties who, it appeared, claimed an interest in the child.

The usual incision was made along the outer border of the right rectus muscle. The appendix was found to be gangrenous and perforated. Around it fecal abcess, and overlying it, a portion of the omentum, also gangrenous. The appendix was coiled upon itself somewhat like a snail, and was adherent to the coccum.

The appendix was tied with silk, cut away, and the stump rubbed with a bichloride tablet. The omentum was tied in an interlocking ligature and also cut off.

Very little irrigation was done. I contented myself with

cleansing the cavity with mops of iodoform gauze. The abdominal wound was closed with silkworm gut, a large drain of iodoform gauze having been placed in its inferior angle.

The patient had some fever for ten days, though slight, but otherwise she did well and perfectly recovered.

A COMPLICATED CASE OF FECAL FISTULA, INTESTINAL ANASTOMOSIS WITH MURPHY'S BUTTON.

J. W. is a young white girl aged 19 years. She came under my care September 16, 1894, at the Little Rock Infirmary, having been referred to me by Dr. P. H. Pendleton, of Pine Bluff, Ark., whose patient she was.

The history of this case is a sad one. A victim of misplaced confidence, deserted by her destroyer, and abandoned by relatives. She fell still lower, becoming an inmate of a house of ill repute, when in due time she gave birth to a somewhat immature child which survived but a few weeks.

After her confinement which was perfectly normal, she quickly contracted a gonorrhœa followed by pyosalpynx and severe pelvic peritonitis.

Under these circumstances and amid the most wretched sanitary surrounding, with inadequate attention and neglect, she was visited by a generous, kind-hearted and humane physician who, in pity for her miserable condition, ministered not only to her physical needs, but endeavored to place her in such a position that should she recover, she would have the opportunity to follow what he has so earnestly striven for, a better and purer life.

Subjects of this kind are not knowingly received at the Little Rock Infirmary, and it is proper to say that those in charge of that institution knew nothing of the patient's history. But to the Sister she came, poor, sick, needy and in great distress, in a condition appealing strongly for aid and sympathy, and no worthy subject in like condition appeals in vain to these tender, gentle friends of the poor.

Dr. Pendleton gave me the following history of the case:

"Patient was confined on February 9, 1894. Puerperium natural and easy; was up on the tenth day. Did not nurse the child which was small and about one month premature, and lived about three months. It never thrived and died of abundant furuncles and some superficial patches with thick scales of dessicated and confluent pustules. There was no evidence of syphilis to be found on the person of the mother at any time.

Saw her about five weeks after confinement. She complained of an intense pain in her abdomen, and especially on the left side of it. There was great tenderness, temperature 103°, pulse full and quick, tongue coated.

Prescribed a mercurial followed by a saline. Next day the entire abdomen was tender, pulse very rapid and weak, pain intense, stomach very irritable, tongue still coated, though the medicine had acted well. Administered saline and morphia hypodermically to control pain.

The symptoms were unchanged for several days, and the same treatment was continued. After this the fever began to abate and the tenderness to grow less. There appeared about this time a thick, purulent, vaginal discharge with painful micturition. Ordered a disinfectant wash composed of boric acid and sulpho-carbolate zinc. Symptoms improved considerably under constant saline treatment, but the temperature did not fall to normal. Tenderness gradually abated over the abdomen generally, but was localized in each groin, notably severe in the left one. Applied blisters to these points with only temporary relief. She began to have rigors and colliquative sweats, exhibiting great prostration.

Examination per vaginam showed great tenderness on each side of the uterus, but no distinct tumor or enlargement could be found. Was satisfied of an existing pyosalpynx. Aspirated per vaginam but found no pus. Dilated and curetted uterus, irrigated its interior and packed it with iodoform gauze, but no improvement followed. Gave quinine, tonics, etc., and continued salines. Food liquid mainly, and as nutritious as could be had. This treatment carried her into the latter part

of April, when as the patient was growing weaker, steadily worse, I advised an operation for the removal of pus tubes. This was consented to and was undertaken in the latter part of April.

The abdomen was opened under strictest possible antiseptic technique. Found a small unattached pyosalpynx on the right side which was tied off and removed. On the left side found a large distended tube attached high up to rim of pelvis, with the ovary involved in pus sac. This was attached to the colon. With much difficulty the adhesions were broken up, and in loosening those connecting it to the pelvic rim, the sac was torn and a copious flow of pus appearing at the abdominal wound. This was sponged out and the abdomen irrigated, the sac tied off and irrigation carried to every part of the abdominal cavity. This was thoroughly done. The pedicles were seared with Paquelin's cautery. A drainage tube was carried into the left side of the pelvis and the wound closed with silkworm gut sutures.

Shock and prostration considerable, but the patient reacted fairly well. Next day temperature was 100°, pulse 120 and moderately full. Stomach very irritable. Fluid drawn from tube every few hours for fifty-six hours when the tube was removed. Bowels moved under salines and turpentine enemas on second day. On third day temperature was 99° morning and 100° evening, pulse 108. On the evening of the fourth day temperature went up to 103°, pulse 120; stomach became more irritable and bowels refused to respond to salines. Complained of great pain in center of abdomen above the wound, and a firm tender tumor as large as one's double fists showed prominently at that point. Believing that intestinal adhesions had taken place, and thinking the patient's only chance of life was to relieve this condition, she was again chloroformed, the sutures cut, and wound opened. Found the intestines agglutinated by recently formed, but easily separated adhesions at the site of the tumor; these were liberated and the abdomen flushed with hot water. Prostration followed that was extreme.

Patient put to bed with bottles of hot water around her and stimulants administered hypodermically.

The patient reacted gradually and gained strength. Temperature rose to about 100° but fell to normal the third day after this operation. Bowels were kept open with salines, and liquid food given in small quantities so soon as she could retain it. She now improved considerably, considering her desperate situation, until about the fifth day, when the fever again rose and much pain was complained of in the left side, with tenderness in the same locality.

On examining the wound found pus exuding from a stitch wound, and on removing a crust of aristol found a purulent collection. This was cleansed with a hydrogen peroxide and boric acid wash. Around several of the sutures there was suppuration. Sutures were removed about the fourteenth day.

A sinus remained at the middle of the wound and discharged pus, though the patient's general condition was improved. About six weeks after the second operation, the sinus not closing, a probe was introduced and the sinus followed several inches obliquely downward and backward toward the stump of the left ovary. A tube was introduced to the bottom and irrigation practiced daily for some weeks without notable improvement. So I chloroformed her again and introduced a long probe-pointed dressing forceps, searching for a ligature, believing this to be the cause of the trouble. Passing the forceps to the bottom of the sinus and with fingers in the vagina, I felt the end of the instrument and then cut down upon it. Passing the forceps into the vagina, with it drew a large drain out at the abdominal wound. After thorough irrigation I tried to close the abdominal wound by freshening its edges and suturing. The vaginal wound having a tendency to close, an Outerbridge wire speculum was placed in it to keep it patulous. The patient gradually becoming weaker, and showing no decided improvement, I had her removed to the Little Rock Infirmary."

It was at this time that I took charge of the case. Her

condition was pitiable indeed. She was much emaciated, had continued fever of a septic character, with a fistulous opening at the abdominal wound, a ventral hernia, morphinism, and to add to these, the wire speculum in the vaginal wound had caused sloughing sufficient to open the bladder, causing a vesico-vaginal fistula.

Under the kind and assiduous attention of the good Sisters, with generous food and improved sanitary surroundings, and such treatment as I was able to give, the patient's general health began to improve, and it was not a great while before she was fat and strong. The vesico-vaginal fistula closed spontaneously, but that in the abdomen stubbornly refused to do so.

On the 17th of December, with the assistance of Dr. Pendleton and several other professional friends, I opened the abdomen, and after a somewhat prolonged search, found the offending ligature at the bottom of a long sinus. I was able to seize it with a forceps passed with difficulty along my finger which tightly filled the sinus. The structures it surrounded being adherent, bound down to the back part of the pelvis, it required some traction to bring it into view. In the act of cutting it, the ligature came away. After a careful toilet the abdomen was closed, apparently in good condition.

Patient was quite ill for several days, suffering much from nausea and vomiting as in the preceding operations. On the third day I was amazed to find an abundant discharge from the abdominal wound, and of such a character (being composed largely of bile and mucus) as to leave no doubt but that the upper part of the small intestine had been opened. I had undoubtedly ruptured the bowel in removing the ligature, and the unfortunate woman was now in a far worse condition than that from which I had endeavored to relieve her.

She got up, regained her general health again, but with the fecal fistula discharging, sometimes more, and then less. Indeed the amount of the discharge was occasionally so small as to encourage the hope that it might close without further operative measures. We endeavored to encourage spontaneous closure by keeping the sinus scrupulously clean, by frequent irrigations, but all to no purpose, so that it appeared no recourse was left but to put her on the table again.

On the 6th day of April I made the operation with the assistance of Drs. Gibson, Stark, Miller, French, E. R. Dibrell and medical student Snodgrass. The incision was made as before, in the line of the old cicatrix, and much care was requisite in opening the peritoneum, as the intestines were adherent along the line of the wound. Especially was this the case at and below its inferior angle, where the adhesions were so firm and dense as to require the most painstaking dissection with the knife to liberate them. Most of the time consumed in the operation, was due to this complication. And here, just below the inferior angle of the wound, much to my surprise, was the rather large hole in the bowel; so large in fact, that closure by sutures was out of the question. By the agglutination of the bowel to the stump of the left ovary and tube, the large ligature between them, the purulent tract around it, the bowel had become softened, its vitality impaired by this process of suppuration, that when the ligature came away in the strain made upon it, the bowel was not only torn, but was at the same time liberated from its attachment to the stump, so that now, and most fortunately, the fistula presented itself at the surface. The injured part of the bowel was resected (some 3 inches I suppose), and an end to end approximation made with a large size Murphy's button. The abdominal wound was closed with silkworm gut sutures. No irrigation except of the exposed portion of the bowel. A drain of iodoform gauze was left in the wound for a couple of days.

Patient had her usual nausea and vomiting which prevented her taking food. There was at no time any temperature of consequence, the maximum being 100°. On the morning of the sixth day I was much surprised to find the patient in a condition of collapse. She had suffered greatly from nausea and vomiting during the preceding night. There was

nothing in the progress of the case, or to be found in the present examination of the case, to account for the state of affairs, except a circumscribed tympanitic enlargement of the abdomen, corresponding to the position of the ilio-cœcal junction, and believe that the button was lodged at the valve producing symptoms of obstruction, temporarily.

I gave strychnine and nitroglycerine hypodermically, and whisky and nutriment by enema. By evening all of these symptoms had disappeared and she went on to recovery uninterruptedly. The button was passed at 9:25 a.m. of the eighth day. On the third day after this operation the patient's menses reappeared for the first time since the initial operation by Dr. Pendleton.

Is Syphilis Curable?

BY C. R. SHINAULT, M. D., HELENA.

[Read in the Section on Practice of Medicine at the Twentieth Annual Session of the Arkansas Medical Society.]

This is a subject much written upon, and by medical men whose ability far exceeds my own; hence, I do not write this article for the purpose of teaching, but to be taught. We find that "in the beginning God made the heavens and the earth," and then made man, and doubtless syphilis declared itself soon after "Eve partook of the forbidden fruit," and like many other curses which our wickedness has brought upon us, it seems to have come to stay. Since that remote day it has been discussed, apparently, abreast with the times, and still it hangs on with increasing tenacity and destruction, and at the present time it is associated directly or indirectly with almost as many deaths as any other disease known to the profession.

I have often wondered why it is not made requisite in all male schools of early training, to have at least one lecture a month pertaining to this and kindred diseases, that it might save the precocious youth from this dreadful disease and an

untimely death, and even his descendants from a syphilitic grave; truly this seems as essential in my estimation as compulsory vaccination. Still it is not my intention to try to instruct this body of medical men on the history of a subject so familiar, but to lay a few cases before you that they may serve to call forth your opinions as to whether or not these cases were syphilitic, and whether the disease is curable. Certainly, for years, medicine has not progressed much along this line, for the anti-syphilitic remedies used by our forefathers are still in use, and while the microscope has isolated most every other germ of common diseases, it has never positively declared itself triumphant over the syphilitic microbe.

Up to two years ago I was positive, like many others, that syphilis was curable; I had, as I thought, examples of it in my own practice, and was advised of such by others of wider and more extensive experience. While I have not had time during my few years of practice to take my individual cases altogether as examples, those of others drifting from coast to coast, some of whom have come under my treatment in their latter stages, and their histories have rendered me somewhat skeptical in regard to the curability of this disease. I have in mind W., male, 42 years of age; said he was treated for primary syphilis for nearly two years when in his 21st and 22d years. This man led an outdoor, active life subsequent to this, and never felt the slightest rheumatic or other syphilitic symptoms for twenty years; moreover, he prided himself on being unusually healthy until October, 1894, when he was accidentally wounded slightly on the right shin, half way between the knee and ankle; apparently not a bad wound, in fact supposed not to have reached the periosteum, and had almost healed during the first week. Subsequently inflammation, intense pain, swelling and supposed periostitis occurred. An incision along the outer border of the crest and tibialis anticus down to the bone. brought forth, for the first time, pus in a large quantity. Antiseptic irrigations of bichloride, boracic acid, and packing with iodoform gauze caused a rapid reduction of temperature and

swelling, but little, if any reduction in suppuration and pain for six weeks; in the meantime the patient had grown anæmic and emaciated. At the beginning of the seventh week there was a rapid change for the better, the leg almost ceased suppurating. and indications of fresh granulation warned me that I might soon be able to dismiss my patient. Not an unfavorable symptom existed to discourage either the patient or myself, when hastily I was summoned and found the patient suffering excruciating pains in the lower lobe of the right lung and expectorating large quantities of blood and pus, more of the latter. Strange to say this patient had not coughed or given any other premonitory symptoms of pulmonary trouble. His appetite being fairly good, I put him on two teaspoonfuls of equal parts of cod liver oil and syr. iod. iron, which was readily assimilated, but the pulmonary trouble grew worse for two or three days while his leg continued to improve, showing it to be metastatic. The fifth day his leg suddenly grew worse and his lung better, alternating three or four times in this manner, when I added 8 grains of potash iodide to each dose of cod liver oil and syr. iodide of iron to be given three times daily. By the eighth day the cough had almost ceased and the leg was virtually well, and soon afterwards he left for his home in Kentucky where I lost sight of his case. The iodides helped materially, I think, to confirm the fact that this was a case of dormant syphilis.

Case 2. An Irishman from the old country, some thirty years of age, blacksmith, good health for fifteen years. As he termed it he had the "bastard's disease" about eighteen or twenty years ago, but was satisfied he was permanently cured and that it had nothing to do with his present ailment. In 1893 he was taken with a cough, no positive signs of phthisis pulmonalis except a low fever and gradual emaciation, but continued his work while under the care of a competent physician who treated him, he said, for supposed malarial toxemia. After an examination my diagnosis was in keeping with my predecessor, "malarial toxemia," with a reflex cough from spleen and liver. Iron, quinine and strychnine, arsenic and the acids, and various

other antimalarials too numerous to mention, was my treatment, all of which proved ineffectual in every way except to inspire him with more confidence. I then stripped him all above the waist (which I should have done on first examination), and found on percussion, as I fancied, a dull place just to the right of the spine and near the junction and between the fourth and fifth ribs. After two or three days rapid decline of health and other marked diagnostic indications, including the test with the hypodermic syringe needle, that there was pus, prompted me to make an incision which resulted in the extraction of not less than a quart of pus. After a week this ceased to discharge, the wound healed, and the patient when last seen, eight months afterwards, was stout and healthy. His medicinal treatment consisted of a teaspoonful each of syr. iodide of iron and sucus alterans which he was taking when last heard from. He had ceased coughing and claimed that he was again cured. So the past history and present condition are, I think, sufficient evidence of latent syphilis in this case, and is doubtless an example of those so-called cured.

Case 3. A negro boy, 13 years old. Removed a portion of necrosed superior palate three years ago and gave him a six months' treatment of the iodides, during which time he grew much better and passed from my observation. The father and mother informed me that he had been comparatively a healthy child prior to this trouble; and his father also told me that he (the father) had a sore on his penis when he was 18 or 20 years old, but caustics and patent medicines cured him in a few months, and since then he had not felt any unpleasantness whatever, and said he was certain the dead bones in his son's mouth were due to twisting his hair too hard on the top of his head when he once had "de follen of de palate of de mouf and de ammons of de years." Of course we agreed.

As I have previously stated, this paper is merely an appeal for information from those more learned and experienced, and again I ask: Are not these latent cases of syphilis the ones mistaken for cures?

A Plea for Improved Sanitation.

BY E. G. EPLER, M. D., FORT SMITH.

[Read at the Twentieth Annual Session of the Arkansas Medical Society.]

As a result of a study of the varying climatic conditions and death rate of Fort Smith, Ark., since 1881, I have found the years of 1886, 1888 and 1894 to present records of great interest to the sanitarian and climatologist. Deaths of citizens from disease have been classified year by year. The population has been gauged by the census of children of school age, taken every fall. It is assumed that the total population varies with the number of children of school age. The meteorological data quoted have been furnished by the U. S. Signal Service office at this place.

The year 1886 was peculiarly unhealthy. Two hundred eleven of a total population of 9,750 dying—a rate of about 21 per 1,000. 1888 was also noted for a great death rate, 26 per 1,000. Total deaths 263; population 10,100. 1894 on the other hand was extremely healthy. There were but 139 deaths; population 13,000; rate per 1,000, 10; half that of 1886 and less than half of that of 1885, as low a rate as may ever be experienced.

In 1886 and 1894 the climatic conditions were much the same, while in 1888 these conditions, generally speaking, seemed more favorable to good health. The same sanitary condition existed in 1886 and 1888, but by 1894 great public improvements had been completed. Why was there so great a difference in the mortality rates of 1886 and 1894, and why was the rate of 1888 so much greater than that of either of the other years? We can hardly answer the query satisfactorily by citing the difference in climatic conditions; must we not attribute the improvement in the general health of the city to the sanitary measures that had been completed by 1894? If so, hereby hangs the moral of our tale. Table No. 1 exhibits the meteorological data for the three years, 1886, 1888, 1894.

TABLE NO. I.

1886.	1888.	1894.
Maximum temperature 104.5	100.	105.
Minimum 6.9	1.2	7.
Average monthly mean temperature 50.47	58.96	61.85
Absolute annual range111.4	98.8	112.
Rainfall in inches	50.97	41.21
Average mean mo. relative humidity 74.	71.5	68.53
Number days clear131.	153.	176.
" fair137.	107.	97.
" cloudy 97.	106.	94.
" rainy100.	113.	93.
Per cent of 365 days fair or clear	71.2	78.8

The mortuary records in the city clerk's office, which are carefully kept, give us the data in table No. 2.

TABLE NO. 2.

1886.	1888.	1894.
Deaths due to typhoid fever10	10	1(!)
" " typho-malarial 4	10	2
" " malarial	12	3
" " congestive or pernicious 5	7	3
" remittent 3	5	I
" intermittent	2	I
feverfever	2	
Total deaths due to above fevers	48	11
Rate per 1,000 due to above fevers3.7	4.8	.84
Deaths due to phthisis pulmonalis25	28	18(!)
" pneumonia	17	13
" typho-pneumonia	I	
" " lobular pneumonia	1	2
" to bronchitis	3	3
" " capillary bronchitis 1	3	I
" pulmonary congestion 2	7	
abscess		X
" " asthma 4		3
" " laryngitis	I	
" diphtheria I	4	I
66 66 66 membranous croup	3	I
Total deaths due to diseases respiratory organs47	67	44
Rate per 1,000 " " 4.7	6.7	3.38

TABLE No. 2-Continued.

D	eaths	due	to	gastro enteritis	4	I	
	66	6.6	66	diarrhœa	3	5	I
	66	66	66	enteritis	3	2	6
	66	46	6.6	dysentery	10	16	5
	66			entero colitis		I	3
	et	66	66	cholera infantum	4	9	2
	66			obstruction of bowels			
	6.6	6.6	66	hemorrhage of bowels	I	1	
	66			intus-susception			I
	+6			gastritis		I	I
	66	66	66	indigestion			I
	66			chronic colitis			I
	46	66	6.6	teething	••	2	
Т	otal d	leatl	15	due to diseases stomach and bowels	36	38	22
R	ate pe	er I,	00	population	3.6	3.8	1.7
				1886.	188	8.	1894.
E	stima	ted	por	oulation9,750	10,10	00 1	13,000
				or the years 211		63	139

What a marked decrease in the number of deaths per 1,000 of population from each class of diseases here tabulated, in the year 1894, from that in each of the years 1886 and 1888. The last named years proved to be by far the most unhealthy of the three. During 1888 there was a rainfall of 50.97 inches, 50 per cent greater than in 1886 and 20 per cent greater than in 1894. The average of the monthly mean temperature was 8° higher in 1888 than in 1886, but about 3° lower than in 1894. Some influence on the health of the community may be ascribed to this excessive rainfall. The average mean monthly relative humidity was less in 1888 than in 1886 and more than in 1894.

Considering the bad sanitary condition of the town in 1888, the excessive rain and a very mild winter may have been productive of much sickness. We all know that the main thoroughfare was for several weeks quite impassable. Great mudholes remained open all winter, decorated with various signs as, "boats to rent," "no bottom," "swimming free." Garbage was left to rot in the streets and alleys. Filthy privies were too common. The night air, especially in certain localities, was redolent with disagreeable odors. This was more

noticeable along Garrison avenue. The town brook was then an open drain for the reserve and part of the avenue. The evil effect of such unsanitary conditions was probably increased by the open winter and heavy rainfall.

At this time there were not so many unacclimated persons as during the boom of 1886.

By 1894 these evils had been greatly lessened. Under our present mayor garbage was removed much more thoroughly and quickly than before. Cesspools, ponds, privies, private sewers were done away with. The sewer system had been completed and connection with it forced upon the people. The avenue had been paved with vitrified brick, also several other streets. A number of alleys had been macadamized. Other streets had been carefully graded and ditched. The town brook had been walled in so as to serve as a storm sewer, thus providing for better surface drainage. Extension of the water mains so as to allow of flushing of closets, and the sewers had been secured.

Need we marvel at the great lessening in the death rate? 1894 was phenomenal as regards the rate of mortality, but the decrease has been going on since 1888 as follows: '89, 20; '90, 18; '91, 16.5; '92, 15.3; '93, 12.7.

Judging by the three years, the records of which have been discussed in this paper, we see what an effect good sanitation has upon the general health of a community; what a saving from sickness and death comes from a wise administration of public affairs.

It seems then that given bad sanitary surroundings and fair climatic conditions as in 1888, bad general health will prevail, and second; given good sanitary surroundings and relatively bad climatic conditions, as in 1894, good public health may be maintained.

It behooves us then as citizens, and it is our duty as physicians, to urge upon the people at large and demand of our municipal officers improvement in all public works, such as the supply of water, drainage, paving of streets and alleys, sewerage, cleansing the streets and alleys, supervision of the supply of vegetables fruits and milk.

THE

JOURNAL

OF THE

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PUBLISHED MONTHLY, - - -

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All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

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VOLUME VI.

SEPTEMBER, 1895.

NUMBER 3.

Editorial.

The Duties of the Board of Censors.

It would be well if every member of the society would carefully study its organic law until thorough familiarity with all its provisions was acquired. It is deemed advisable to call special attention to certain of the more important features from time to time so that members of the society may not overlook them or fail to perform such duties as may be required of them.

Section 5, article 1, of the by-laws, reads as follows: It shall be the duty of the board of censors to examine the by-laws and regulations of county societies, and if they find nothing in said laws and regulations contrary to the letter or spirit of those of this society, the censors shall indorse on them the word "approved," with their signature and the date of their approval, and transmit one copy to the secretary of this society and another to the secretary of the county society. The board shall consider all ethical questions, all questions of a personal character or controversy, including complaints and protests which may be referred to them. The board shall organize by electing a president and secretary and shall keep a permanent record of their proceedings. They shall have general supervision of the ethics of the State and county societies and shall see that members of either the State or county societies guilty of unprofessional conduct, shall be summoned before them and properly dealt with, whether or not any charges have been preferred against said members. Its decisions shall be final and binding upon all parties, and it shall report to the society at the earliest possible moment.

It will be observed that the board of censors are required to take cognizance of any violations of the code of ethics whether or not any charges have been preferred against members.

The JOURNAL has often received newspaper clippings and other matter containing advertisements of questionable propriety in some cases, and in downright violation of professional honor in others. Before the JOURNAL was established the secretary of the society frequently received similar stuff, sent seemingly under the impression that it was his duty to see that unprofessional conduct was duly brought to the attention of the proper authorities. The almost universal desire among members to avoid individual responsibility has in many instances in the past let violators of the code go unpunished.

Under the new provision of the constitution each member cognizant of any violations of ethics or of the laws of the society should bring the matter to the attention of the board of censors.

The board should have organized immediately after their election, but this was overlooked. In the absence of any officer of the board it would be proper to send information to any member of it, who would be its custodian until it could be laid before the board after their organization.

Editorial Notes.

Professor Louis Pasteur is dead.

It is probable the work of reviving the *Index Medices* will prove successful.

Smallpox has appeared in Clay County this State. Several cases have appeared and it is likely the disease will spread.

Already the smallpox has cost Arkansas more than a sum sufficient to pay the expense of an efficient State board of health for twenty-five years. An active State board with adequate funds would be able to stop any outbreak in its incipiency.

Not so Far Astray, Perhaps.

An incident occurred the other day in one of the bacteriological laboratories in Philadelphia that is really too good to be kept. One of the students was asked the question: "What parasite frequently infests the vagina?" In all seriousness the rising young bacteriologist promptly and confidently answered: "Spermatozoa."

"The Wandering Jew."

The latest reports from Mecca state that cholera is increasing. The mortality is also much heavier.—Medical Press and Circular.

The Arkansas Medical Hociety.

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The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

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COMMITTEE ON STATE MEDICINE-Continued.

COUNTY.	NA	A M	E. P	OST OFFICE.
Pope	. A	. 1	Westerfield	Atkins.
Prairie J.	R	. 1	ynn	.Des Arc.
Pulaski R St. Francis W	. E	ا را و	Casan	Little Rock.
Scott	. A		Sanford.	Waldron
Sebastian E	. G		Epler, (Chairman)	Fort Smith.
Sharp	hr	١ I	ohnston	Cidness
Stone R Van Buren W	. S		Blair	.Mountain View.
Washington	G	1	Henderson	Clinton.
White	M		lelks	Searcy.
White	. A		Jelks	.McCrory.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.	NAME.	POST OFFICE.
Arkansas	I. H. Hutchinson	De Witt
Ashley	Eugene Christian	Portland
Benton	I. W. Hurley	Bentonville.
Benton Bo me Bradley Callyour	A. J. Vance	Harrison.
Bradley	No member of the State Society res	ides in this County.
Calhoun	66 66 66 66 66	16 60 66 66
Calhoun Carroll Chieot Clark	W. A. Reese	Eureka Springs.
Chest	No member of the State Society resi	des in this County.
Clark Clay	J. C. Wallis	Arkadelphia.
Cleburne	Adam Cushin In	St. Francis.
Cleveland	C A Stanfield	Quitman,
Cleveland	W N Warren	Punknor
Conway	A. R. Bradley	Plummamilla
Crawford	I. H. Kitchens	Loneshoro
Crawford	I. A. Dibrell, Sr.	Van Ruren
Crittenden	No member of the State Society res	ides in this County.
Cross	. L. Hare	Wynne.
Dallas	Z. J. Lantorn	. Dalark.
Desha	No member of the State Society res	ides in this County.
Crawford. Crittenden. Cross Dallas. Desha. Drew I Faulkner Franklin Fulton Garland Grant	M. Y. Pope	Monticello.
Faulkher	No member of the State Society res.	ides in this County.
Frankin	W. A. Amis	Ozark.
Carland	No member of the State Society res	ides in this County.
Grant	No member of the State Series	Hot Springs.
(ireenet	66 66 66 66 46 65 6	6 66 66 66
Hot Spring Howard Independence	I. F. Graham	Malvern
Howard	. S. Corn	Nashville.
Independence	D. C. Ewing	Batesville.
Jackson	. M. Jones	Newport.
Jenerson	A. C. Jordan	Pine Bluff.
Johnson	V. R. Hunt	Coal Hill.
I allayette	W. Youmans	New Lewisville.
I po	W. J. Hatcher	lmboden.
Lincoln	W M Distinger	Marianna.
Jackson Jefferson Johnson Lafayette. Lawrence. Lee Lincoln Little River	No member of the State Society	idea in this Country
Logan	S. Shibley	During County.
Lincoln Lincoln Lintle River Logan Lonoke. Madison Marion Mississippi Monroe Lonoke Lonok	G. W. Granberry	Lonoke
Madison.	No member of the State Society res	ides in this County.
Marion	V. R. Brooksher	Yellville.
Miller	W. C. Spearman	Texarkana.
Mississippi 1	R. C. Prewitt	Osceola,
Monroe	I. T. Murphy	Brinkley.
Wontgomery	. No member of the State Society res	ides in this County.
Nevaga	E. R. Armistead	Prescott.
Montgomery Nevada Newton	No member of the State Society res	ides in this County.
Ouachita / Perry / Phillips Pike / Poinsett / Polk / Pone	No mambas of the Cast C	Caniden.
Phillips	A Transpar of the State Society res	ides in this County.
Pike	No member of the State Society was	ides in this Court
Poinsett	" " " " " " " " "	ides in this county
Polk	B. Sutherland	Cove.
Pope	W. H. Hill	Russellville.
Pope Prairie Pulaski	W. W. Hipolite	Devall's Bluff.
Pulaski.	J. H. Southall	Little Rock.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION-Continued.

COUNTY.	NAME.	POST OFFICE.
Randolph	No member of the State Soc	eiety resides in this County.
Scott	. A. A. Sanford	Waldron.
Sebastian		
Sevier	No member of the State So	ciety resides in this County.
St. Francis		
Stone	R. S. Blair	Mountain View.
Union Van Buren		
Washington	. T. W. Blackburn	Favetteville.
White	L. A. Jelks	McCrory.
Yell	No member of the State So	ciety resides in this County

Committee on Necrology-J. W. Hayes, Chairman, Marianna; J. T. Jelks, Hot Springs; F. Vinsonhaler, Little Rock.

Membership in the Arkansas Medical Society.

"All members in good standing in the auxiliary county societies may become members in all its rights and privileges, by an application accompanied by a certificate of good standing in the county society, signed by the president and secretary of the county society." And article 5 is: "The initiation fee of this society shall be \$5, and the annual dues \$3. Members of the county societies in good standing at the time of the adoption of this constitution shall not be required to pay the initiation fee" (Art. 1, Sec. 2, Constitution).

Applications will be received at any time. Blank forms can be had by application to the secretary, Doctor F. Vinsonhaler, Little Rock.

Gather in the County Society Members.

Attention has been called to the provision of the constitution which admits county society members by their forwarding the annual dues for one year, \$3, and a properly signed certificate of membership in the county society.

From the attention that seems *not* to have been paid to previous mention of this provision it must have fallen before blind eyes into paralyzed hands.

A very little time would have to be consumed in bringing the question directly before each member of the county societies not already belonging to the State organization. The fact might be stated in open meetings of local societies and in addition personal appeals ought to be made to get every county society member to join the State association. No doubt many members of county societies would be glad to connect themselves with the State society if they only knew of the easy conditions for admission.

Surely the matter is of enough importance to enlist the coöperation of all those who desire our State Medical Society to increase its membership and influence.

Medical Journals Must Preach Higher Education.

With free trade in medical matters, and with the possibilities of limitless medical colleges to satisfy the ambitions of active workers in the profession everywhere, the profession has been obliged to call for State medical examining boards and a higher grade of medical requirements to secure a license to practice.

It now becomes the duty of the medical journals to preach a higher class of instruction in the medical colleges. Longer time and closer work. With the course of medical instruction lengthened to five years our students would be the best in the world, and with a lengthened course, the number entering the profession would be lessened. Let the journals take no uncertain position in this matter.—Medical Sentinel.

Administration of Quinine.

This alkaloid undoubtedly exercises its best effects in acid solution. But acid is sometimes a drawback to the exhibition of the drug in this form, while with many the intense bitterness that supervenes becomes a permanent objection. By obtaining the crystals in their entirety, or after they have been reduced to an impalpable powder, and inclosing in the convenient gelatin capsule, the drug obtains speedy release and solution in the stomach; solution will, moreover, be aided by the fluid imbibed in swallowing the capsule.—The Medical Age.

County Hocieties.

Little Rock Medical Society.

At a recent meeting of the Little Rock Medical Society, Doctor Edwin Bentley presented a patient suffering from Raynaud's disease, and Doctor Vinsonhaler exhibited a pathological specimen showing the results of a gunshot injury in which the ball entered at the external auditory meatus.

The presentation of cases and specimens is a pleasant variation from the usual order of exercises and should be encouraged.

The Fall Campaign.

With the advent of cooler weather the fall campaign of medical organization should begin. It has been long enough time since the meeting of the State society to enable all who were exhausted in that campaign to have fully recuperated. The summer has been hot and dry and extremely sickly. This is probably the sickliest September we have had in a number of years and it is always a dangerous time in our climate.

With our glorious Indian summer, fair condition of roads, low water and good collections, the doctors ought to be able to get together in their county societies and compare notes of their summer experiences. And while doing this remember always that the Arkansas Medical Society will meet at Fort Smith, April 29, 1895, and that without thorough canvassing of the entire State for the purpose of obtaining good papers and a large attendance the gathering will not be a success either numerically or intellectually.

The county societies are the bulwarks of medical organization. Let the fall campaign for the spring meeting commence now.

Miscellany.

Address to the Graduating Class of the Medical Department, University of Pennsylvania.

BY H. C. WOOD, M. D., LL. D., Professor of Therapeutics in the University of Pennsylvania.

GENTLEMEN: The never-ending cycle of years, which, according to the old proverb, brings "all things to him who waits," has brought us to-day to a ceremony that occurs but once in a lifetime, and is always attended with the sorrow of departure and the joy of expectation. To-day your student life is ended, and as a representative of the faculty of medicine, I stand here to close the chapter; to set the seal of the great university upon it, so that no man can reopen it, so that no man can challenge its completeness. To-day your medical life is begun, and as a representative of the great profession of medicine, I stand here to welcome you to a brotherhood gathered out of all kindreds and tongues, joined together by the ties of a common knowledge and of a common consecration of that knowledge to the highest weal of a race everywhere broken by local interests and local selfishness into discordant and often warring fragments. Under these circumstances the old custom of the teacher with words of counsel crying "Vale!" farewell! to the departing student; of the medical brother with words of warning, shouting "Salve!" all hail! to the new member of the order, is a custom full of propriety and of dignity, honored by the fathers, by us to be perpetuated with reverent conservatism.

Coming in contact as you have during the latter years daily with the faculty of medicine, it is but natural that in your thoughts they should be "the university," but let me impress upon you that the medical faculty is but an accident of the

present; at most only a temporary, ever-shifting part of the university. Men come and go, but the university lives on. The elder Wood, the elder Pepper, Stillé, the younger Pepper: these men, in the comparatively few years of my medical life, have been the incumbents of a single chair. As students of the university you have become part of it; as graduates of the university you will be the base upon which the whole edifice rests. Your success is the success of the university, and so those who are for the moment the authorities of the university wish you God speed in your new outgoing; and so I, on behalf of the living medical faculty, venture to give you a few thoughts based upon my own struggles and experiences, with the hope that some of them may help you in the coming contest for survival.

In a measure you have decided your course in life, but only in a measure; and the first thing that each of you should do is afresh to take an inventory of his own endowments and see what wares there are upon his own shelves that he can carry into the world's market. Some of you are fitted for surgeons; some for physicians; some for investigators; some for teachers; some to walk the city streets; some to ride the country roads; some for home consumption; some for the missionary fields that everywhere are clamoring for martyrs.

The discontent and the nervous unrest of the American largely depends upon the teaching that men are born equal, and that to labor is to succeed. It is not true. Genius is not, as has been asserted, the power of work; though the power of work may be necessary for the development of genius. The miner may dig and dig and dig, and if the gold be not in the earth his labor is vain. Hence, see to it that you dig in the right direction; but once having settled in your own mind what you are fitted for, labor.

I have watched some generations of young lives seek their level, rising and falling in the world, and have always found that it is the man who takes care of the moments who steadily climbs upward. This taking care of the moments de-

pends not simply or even chiefly upon the willingness to work, but upon the eager determination to do which leads a man to find something at which he may labor when there is nothing obviously pressing upon him; nothing, perchance, that offers any immediate, direct reward for his efforts. The talent of finding work is perhaps a distinct one, but it is one that multiplies with using. It is a common saying with loafers, with ne'er-do-weels, with taugenichts, "that the world owes them a living." Not so, gentlemen; the world owes nobody anything. Charity is a gift, not a debt. The world wants not the man, but the fruit of his labors, and unless his labors bear fruit the world owes the laborer nothing. The talent for finding work is necessary and good, but it must be supplemented by the talent for completing work. Useless labor is but a busy idleness; useless is that labor which fritters itself away and ends in naught. What the world wants is men who have the talent for getting things done.

Make for yourselves, therefore, distinct plans of work, closely within the scope of your profession if possible, in outlying territories if necessary. Each day, each week, each month finish something; or at least finish the laying of some bricks in the structure which you are struggling to erect. Pardon me if I make here a momentary personal allusion. Circumstances in my youth led me of necessity into botanical work, away from and outside of my profession. I knew that the chapter would be but a comparatively short one in my life; that the work done would be at best but a foundation; but I determined to do something that should be in itself complete; and so I wrote one large, elaborate, botanical monograph, putting four years of work into it. I knew that it could not bring me direct professional preferment; but I knew that it would bring the reputation of doing work successfully; and that in its doing would be formed the habit of successful effort; and to-day nothing I have accomplished gives me more satisfaction in the retrospect than does this bit of natural history work.

The basis of all high professional success is technical fit-

ness for success. This technical fitness, so far as concerns the physician, is twofold; it has to do with purely technical skill, and it has to do with the management of the human animal. For the acquirement of the professional skill it is important that you have clear ideas of what is desirable. It is not learning that makes a skilled physician. I well remember an old doctor, probably the most learned of his day in Philadelphia, and yet an absolute practical failure, because, as it was commonly said, when put in front of a patient he could tell you what every doctor from Hippocrates down would have done for that patient, but at the conclusion did not know himself what to do. It is not practical skill in the fundamental sciences which underlie medicine that constitutes technical fitness; chemistry is good; physiology is good; pathology is good; they must be known; to be a skilled laboratory worker in them is good; but they are not clinical medicine; further than this, even clinical medicine itself, as some view it, i. e., the knowledge of the nature of disease and the practical skill in recognizing such nature—as but the beginnings of medical usefulness.

The crowning stone of the whole medical superstructure, the real excuse for the existence of the medical profession as a thing apart and by itself, is therapeusis or the art of healing. Death comes an unbidden summoner at every human feast, and, finally, closes the door of life to each. You live to put the evil day afar off; to prevent the closing of the door until the heads of the sated guests droop with weariness and they are ready to depart. A greater sorrow in the world than death is pain. It is as true to-day as it was in the ninth century, when Chahid, the poet of Bactriana, wrote it that "if pain gave out a fire the world would be forever darkened." These, then, are smoke like your functions: to stay the hand of death when possible, to lessen the pangs of life at all times. In doing this it is essential that you use your scientific knowledge, but it is equally essential that you strengthen the weak places in the science of medicine by every possible gleaning from empiricism.

In your therapeusis avoid all narrowness. There are "isms" and "sects" in medicine; there are alleged laws and routine systems of practice; but I adjure you that you rise above all such narrowness; that recognizing that there is no general therapeutic law, you broaden your horizon until it is as wide as the universe; that you eagerly look for and appropriate any gems of value though they should be hidden in the foulest dunghill of charlatanism. Be not homeopaths, but lay fast hold of whatever of truth lies scattered among the falsities of its system; be not allopaths, but gather all you can in this field; call yourselves not hydropaths, be not too proud to learn even of these fanatics; listen to the childish prattle of the Christian scientist, that perchance you may catch one word of wisdom; pick from the rubbish heap of Thomsonianism. Medical sects are narrow glens where men grope in perpetual twilight, ignorant of, or, through very wilfulness, refusing the light beyond, but they often contain scattered bits of truth which are the birthright of every member of the medical profession who prefers to live his life in the open fields of rational medicine.

Perhaps one of the most disheartening and disagreeable experiences in connection with the practice of medicine is the fact that no amount of professional skill, even using the words "professional skill" as meaning the power of curing disease, will of itself with certainty bring practical success. Every one who knows the profession knows in it men who fall out by the wayside, never achieving, though they have both ability, learning, industry and skill. They have good wares upon their shelves, but somehow they fail in bringing them to the market, and the careless public goes by unheeding. The qualities which make a successful dry goods drummer will make a busy physician; if you imitate too closely the commercial drummer you will become a charlatan; yet if you are entirely oblivious of his arts you will become commercial failures. More than this, let me say to you that the medical man who fails commercially for lack of the qualities which are necessary for commercial success, usually fails also practically in getting his patients well. You will find that very often it is not so much the disease that you are called to treat as the individual; and if you fail not only to comprehend but also to apprehend this great fact, you may hope to do little good. The arrogance, the cheek, the falsifications, of many commercial salesmen are the attributes of the charlatan; the singleness of purpose, the energy, the thoughtful tact, which are necessary to the successful salesman are equally necessary to the successful physician.

In the very onset of your career begin to study individual characteristics as eagerly and systematically as you study disease and the methods of its relief. If you will look in your older dictionaries, such as the earlier editions of Johnson, you will find no such word as "tact." Now, its praises are in everybody's mouth. Why is this? Evidently because amid the growing complexities of multiplied individualities and the ever increasing refinements of civilization the value of tact is continually rising in the world's markets. Webster assigns as its synonym: feeling, touch, peculiar faculty, etc. The full definition of it would be: the power of doing the right thing at the right time when dealing with men and women. It is essentially an effeminate quality, but sits most gracefully on the strongest man. For its possession are needed imagination, self-abnegation, self-control; and these are the qualities which you must acquire, not one, but each and all.

Imagination founded upon a knowledge of the human character enables its possessor to appreciate the person who is to be controlled or antagonized. Are you able to sit in the seat of the other man, to see things as he sees them, to feel as he feels them, to be open to influence as he is open; then must you know the secret springs of his actions, the weaknesses of his character, the avenues through which he may be led. To avail yourself of this knowledge you must be willing and able for self-effacement.

Self-abnegation is not pure unselfishness; such a thing as pure unselfishness does not exist upon the planet; scarcely does

it enter even into the human conception of the deity. Self-abnegation, as I here use the term, is the denial of present desires and present longings for the sake of something that is to be achieved, for something that is to be received in the future. This quality you must have. Self-control rests upon self-abnegation, but is something beyond.

As Professor Osler said once upon this platform, the medical man needs to have his finger always on his vaso-motor centers; but let me tell you this is but a half truth; the doctor wants his finger at all times and forever on every one of his nerve centers. Do not dance because your heels want to fly up; do not act because the impulse is upon you; do not talk because your tongue is loose and restless. I have often thought that if there be any portion of the human anatomy which the devil especially inhabits it is Broca's convolution of the brain, as it is devoted to human speech. Certainly upon this center put not your finger but your biggest thumb; for your very life hold it down if you can; sit upon it; do your best, too often it will blow off like a safety-valve.

Much more of counsel have I in my heart to give you, but remember these things and you have the core of a successful career; select well your work; laboriously complete something day by day; get technical skill; acquire tact; and you will have power over disease and power over men.

More solemn than the breaking dawn, when the world is waking from the unconsciousness that it is the mockery of death to the new life, are the moments when men are, as you are to-day, closing the chapter of one life-era and breaking the seals which open the new book. But fleet as the flying moments of the dawn is the time of the present; and so I hasten to break the seals and to welcome you to the brotherhood of medicine; wondering only whether the lessons which you have learned, or any words of mine, can make your minds apprehend the grandness of that brotherhood, coming forth, as it does, from a history that is lost in the gloom of prehistoric life; stretching out, as we trust, to a future as endless as that of the human race.

Listen, I pray you, to the words with which a great teacher of medicine twenty-four centuries ago bound those who would be initiated into the mysteries of his craft:

"I swear by Apollo the physician, and Æsculapius and Health and All-Heal and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation—to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation, and that by precept, lecture, and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption. Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."

Underlying this oath, underlying every complete medical life, is the thought of consecration, of something more and beyond mere personal gain and personal aggrandizement. He who seeks his reward in popular favor misses the ideal of his calling; he who feels that the highest goal is the confidence and trust of his fellow-practitioners has in thus far apprehended the true professional spirit.

I have been asked to speak to you of medical ethics; time

fails, but let me say a few words. The soul of medical ethics is the recognition of the universal brotherhood of medicine, and the application of the Golden Rule: to do unto others as you would have them to do unto you. Based upon these principles, I venture to offer you certain aphoristic rules:

- (1) To consider the doctor as a member of your own family, having an inherent right to your medical services; but to remember yourself not to abuse this right.
- (2) To consider any discovery or any invention you may make as belonging not to yourselves but to the general profession.
- (3) Never in any way to laud your own medical skill or to attempt to supplant in public or private estimation one of the medical household,
- (4) To join yourself as soon as may be to the incorporated companies of your fellows for scientific and social intercourse, and for the cultivation of that professional conscience which often binds men more closely than their personal sense of right and wrong.
- (5) Through good and ill report to stand by members of your own profession, unless they be guilty of moral evil.

Gentlemen of the medical class of 1895, Valete!—Farewell! As the sower goeth forth to sow, so does the strong arm of Fate to-day scatter you over this wide continent. In its villages and on its hillsides; in its cities and in its hamlets shall you take root and grow. Aye, farther out, beyond our fatherland, must you wander; some shall abide and labor in the islands of far-off seas, while some shall struggle amidst the teeming millions of Asia or the crowded over-cultivation of Europe. Never, on this earth, shall we after this hour stand face to face, but let us in our growing never forget the glory of this our great Alma Mater, or spot her renown with an unworthy deed! Let us as the years go by ripen the perfect fruit; let us so live that in the great meeting of the multitudinous nations before the throne of the Eternal God we shall be brothers still bound one to the other by the bands with which we this day have ourselves enclasped.—University Medical Magazine.

Early Operation in Cancer of the Breast.

While it is perfectly true that those of us to whom the pruning of our fellow mortals is given, know full well the reality of the danger incurred by those who tend to procrastinate, in certain diseases, the peril of delay, especially in tumors affecting the breast, is not yet sufficiently understood. Outside of active inflammatory changes following, as a rule, the process of lactation, or anticipating its establishment, what benign tumors are we likely to meet with? The answer is brief. Benign tumors of the breast are so rare as to form true surgical curiosities. Hypertrophy of the breast, to a degree greater than that occurring as the usual result of lactation, is a somewhat rare condition, consisting in a false hypertrophy affecting chiefly the fibrous elements of the gland. That form known as the true partial hypertrophy of the gland, is, in reality, a mammary adenoma, with a single or multiple formation, frequently containing cysts and generally surrounded with fibrous or myxomatous tissue. This form of tumor is not easily diagnosed from other varieties and while not of a strictly malignant character, has been known to recur after removal, and may, in some cases, take on a sarcomatous or cancerous character. It is, therefore, a suspicious tumor that demands removal. Fibromata of the breast are, of all tumors affecting this region, the most benign, and yet we have excellent authority for asserting that even mammary fibromata may form a point of departure for sarcomatous and even epithelial formations. Besides, pure fibromata, formed of fibrous tissue only, are relatively quite rare.

Lipomata and angiomata are so seldom seen that but a few scattered cases can be gathered in the literature of the subject. The same is true of chondromata and osteomata. The only variety of myoma of the breast with which we are familiar is that first described by Billroth and which formed a part of a complex medullary sarcoma.

Cystic growths of the breast, if we except galactocele, are by far most common in connection with the presence of malignant neoplasms, so that, if we were able to make out a diagnosis of mammary cystic growth, we would feel compelled to treat it as a suspicious formation and remove it. Mammary tuberculosis is most rare in women, and syphilis practically gives but cutaneous manifestations.

Hence we see that benign tumors of the breast are either so rare as to be objects of curiosity, or, if belonging to more frequently seen varieties, are always capable of malignant transformation. If, on the other hand, we consider the exceedingly frequent occurrence of cancer and sarcoma of the breast, in all their nearly innumerable forms, it becomes almost impossible to understand the mental process at work in the minds of the many medical men who so often advise delay.

When we advise a patient suffering from a tumor of the breast to await further developments we should realize, in the first place, that the chances are very great that the swelling is malignant, secondly, that the retraction of the nipple and other symptoms for which we are upon the watch may fail to manifest themselves altogether, or only at a very late period in the evolution of the disease, and finally, that the removal of a benign growth is a valuable precautionary measure, since a malignant process might at any time become grafted upon it.

With this argument for early operation must necessarily be coupled the next important plea, namely: that for complete operation. It is the realization of the latter need that has brought about an actual and favorable change in the statistics of the operation in the last decade. It is not many years ago since an able surgeon declared that he only cleaned out the axilla when he could feel enlarged glands by external palpation. He has probably, by this time, changed his views in regard to this point but we fear there are yet many who follow his example. The mere removal of the breast is so easy a procedure that some surgeons of small ability would willingly undertake it, yet hesitate to touch the more dangerous region in the axilla. In the present state of our knowledge it is conceivable to suppose that a surgeon should actually believe that his tactile sense is so keen as to enable him to detect an incipient augmen-

tation in the size of an axillary gland. If the patient be fat, the enlargement of the glands may proceed to a considerable extent without being discernible to the touch. The mere removal of the breast alone in cancer, is properly considered as a useless, and hence unjustifiable procedure, by the leaders of modern surgical thought. Nothing short of thorough ablation of all the contents of the axilla, saving only vessels and nerves, coupled with investigation of the connective tissue between the pectoralis muscles and of the supra-clavicular space, with possible removal of portions of the pectoral muscles, can be considered as giving the patient a good chance for thorough and permanent cure.

The realization of these facts is but slowly making its way into the medical world, yet its progress is sure and the day is at hand when early and thorough operation will give us, in tumors of the breast, statistical results as yet well-nigh undreamt of.—The International Journal of Surgery.

Frankness between Physician and Patient.

THE course generally pursued by physicians of withholding from patients who are dangerously ill or affected with an incurable, though perhaps latent, chronic malady definite information as to their real condition is founded on most creditable motives, chiefly that of saving the patients unnecessary mental distress. Doubtless with some persons and on some occasions, however, it would be well to show the utmost frankness. At all events many persons feel that it would be. A lay correspondent of the *British Medical Journal* puts this feeling very aptly. He admits at the outset that it is not in all cases incumbent on the physician to reveal his suspicions of grave danger, but where a patient is clamorous to know just what is the matter with him and what the probabilities of the case are, he thinks, the physician ought not to give evasive or misleading replies, for the suspense and anxiety that often result from his

so doing may be more injurious than a knowledge of the truth would be.

The correspondent proceeds to give some instances to illustrate his meaning. The first is that of a man about town, 30 years old, who fell in an epileptic seizure and cut his head open. His usual physician attended him, and from the patient's account of the occurrence it appeared that he supposed he had tripped over something and been stunned by the fall. The narrator thinks, but he cannot be certain, that the doctor had at least some suspicion of the truth; nevertheless, he encouraged the patient in his theory of the fall and gave him no hint as to what had probably been its real cause. The consequence was that the man kept on in his usual course of life and had several dangerous repetitions of his first attack; and yet the doctor continued to mislead him, although he must then have been fully aware of the nature of the trouble. Now, from what the writer knows of the man and the circumstances of the case, he has no hesitation in saying that had he been told at first what his real malady was he would have been able to avert much unnecessary suffering.

In another instance a man, accompanied by two doctors whom he was in the habit of consulting, called on an eminent London specialist about a serious ailment from which he was suffering. After hearing the particulars and examining the patient, the specialist told his two professional brethren privately that the case was a very serious one, and that the patient's ultimate recovery was very doubtful; yet he said to the patient himself that his symptoms were favorable and that he might count on resuming his ordinary work in six months if he took complete rest in the mean time. On this opinion the man built up great hopes, but when the term of six months was up they were shattered, and the correspondent feels sure that this caused him keener disappointment than he would have felt if the truth had been broken to him judiciously at the time of the consultation.

Another evil that the correspondent complains of is that

the physician, while concealing the truth from the patient, tells it privately to the nurse, who eventually blurts it out to the patient. "I believe," says the writer, "that ninety-nine doctors out of every hundred have tact enough and skill enough to break the worst news to any ordinary patient as gently as it can be done. I lay stress on this quality in doctors," he adds, "in contradistinction to the relatives' less judicious way of telling the truth." There is much food for reflection in what this writer says, and it is quite probable that such considerations as he sets forth ought often to have more weight than is allowed them. There are few well-meant things more injurious than mistaken kindness.—N. Y. Medical Journal.

Iron.

"Biliousness" is a contra-indication to the exhibition of iron. "So long as there is a foul tongue, a bad taste in the mouth (as if it could be any place else), and fullness of the liver, with disturbance of the alimentary canal, iron is to be prohibited; is not only that it is of no service, it positively does harm."

Dangers of the Creasote Treatment and Their Avoidance.

From a paper by Dr. R. Seifert, published in the *Deutsche Medizinal-Zeitung*, we extract the following:

Since the failure of tuberculin, creasote has been our favorite remedy in the treatment of tuberculosis. This has been largely due to the writings of Sommerbrodt, who calls attention to the inefficiency of the small doses usually exhibited, and showed encouraging results from amounts greatly in excess of them. His researches are well known, and have been frequently quoted and referred to in the literature of the subject. In a recent article on "The Creasote Treatment of Phthists" Dr. Flintzer details the results obtained by the creasote therapy in the Jena Medical Clinic, and concludes that treatment by large doses of creasote, in cases of phthisis

that were not too far advanced, caused marked improvement not only in the general condition, but in the local processes also. In almost every case the appetite and general condition got better. In advanced cases, of course, this, like all other therapy, was useless. Given in large doses and for long periods of time, Flintzer believes it to be the most promising treatment.

Though Sommerbrodt has taught us to regard this drug as fairly innocuous, there have not been wanting recently warning examples of the dangers of the creasote therapy as ordinarily employed. Thus, Professor Stoerk, the Vienna laryngologist, writes:

"I cannot help noticing the enormous number of cases that I see, both in my clinic and in my private practice, of half moribund patients who show me their tattered prescriptions containing creasote in every imaginable form and dose, and tell us that since they have been taking the drug their appetite has entirely vanished; the nourishment that they can take has sunk to a minimum; they have emaciated terribly, and have been excessively plagued with coughs and night sweats. 'I cannot get the nauseous taste of creasote out of my mouth,' is their constant complaint. But they had heard of the many tuberculous patients who had been cured with creasote; they cling to the specific, in which their belief is unshakable. I do not hesitate to affirm that all patients who take creasote with repugnance, who have the creasote taste continually in their mouths, and who have nausea or even vomiting after its ingestion, lose their ability to take nourishment in consequence thereof alone."

Thus, we find in the most recent literature confirmations of the good results obtained from the creasote therapy, coupled with warnings of its frequently evil results. There can be no doubt that these opposing judgments both rest on correct observations; the curative and the poisonous effects of long continued and large doses of beech wood creasote are undeniable.

Only that small minority of our phthisical patients that has quite healthy and very resistant digestive organs can get

the full benefit of the creasote therapy. In the others its poisonous by-effects neutralize its curative properties.

These by-effects are due to the caustic and irritant properties of beech wood creasote and guaiacol. They would disappear if those properties could be eliminated.

Together with Hoelscher, I showed, several years ago, that guaiacol carbonate was free from these irritant and poisonous properties and by-effects. Chaumier proved the same for creasote carbonate (creasotal).

Guaiacol carbonate and creasotal react indifferently to the most delicate mucosæ, and have absolutely no caustic effects. This can be proven very simply. A drop of creasote or guaiacol causes a sensation of intense burning when placed upon the tongue, which is characteristic of caustic substances, whilst guaiacol carbonate does nothing of the kind, and creasotal has a mild, oily taste. Both of these carbonates are practically nonpoisonous—indifferent to the mucous membranes of the digestive organs. Daily doses of one to three teaspoonfuls of creasote carbonate are the rule—a quantity that would cause death by gastro enteritis if creasote were employed. The byeffects are absent and only the curative properties come into play. Sommerbrodt's dictum—"Creasote is the more useful, the more of it can be borne"—finds its especial application in the employment of creasotal and guaiacol carbonate.

The tolerance displayed by these two carbonates depends on: I. The absence of caustic and poisonous properties. 2. The absence of the intensely nauseous creasote taste and odor. 3. The fact that resorption takes place not in the stomach, but in the intestines.

Even very sensitive patients, who cannot take creasote at all without the supervention of vomiting, diarrhœa, etc., bear creasotal very well, especially when they begin with minimum doses of 5 to 10 drops and gradually increase to 50 drops daily. Patients whose digestive organs are in even moderately good condition can take creasotal by the teaspoonful, either pure or with 10 parts of codliver oil, or combined with milk, or with

Tokay wine or Madeira. For patients with very intolerant digestive organs or with intestinal tuberculosis I prefer the guaiacol carbonate to the creasotal, it being absolutely free from odor or taste and never causing nausea or vomiting in doses of 7½ to 25 grains, twice daily. It is well, in fact, to change off from time to time between creasote carbonate and guaiacol carbonate to avoid "fatiguing" the digestive tract.

The experience of four years has settled the fact that creasotal and guaiacol carbonate are free from the noxious by-effects of the plain creasote, and exhibit only the therapeutic properties of the drug.

Stoerk and others have shown that beech wood creasote causes nausea and even vomiting; that it irritates and injures and finally destroys the digestive organs, causing nutriment absorption to sink to a minimum, with consequent loss of weight and extreme emaciation. Guaiacol carbonate and creasotal, on the contrary, cause prompt improvement in the appetite and the general nutrition, there appearing an increase in weight even after a very few (two) weeks,—"sometimes advancing with marvelous rapidity" (Chaumier). Whilst creasote destroys the digestive apparatus by causing chronic inflammation thereof, creasotal and guaiacol carbonate tone it up and stimulate it. The neutral, indifferent carbonates cause neither irritation nor inflammation of the stomach or intestines; but abnormal fermentation and decomposition processes are stopped, and digestion is restored to its normal condition. Corresponding to the improvement in nutrition appear the other effects of these carbonates,—lessening and disappearance of the cough, expectoration, fever, night-sweats, räles, areas of dullness, etc.

These happy results are not, however, due entirely and alone to the absence of the noxious by-effects. As we have remarked above, absorption takes place not in the stomach, as with creasote, but in the intestines; and it is so slow that the entire organism is kept continuously under the influence of the drug.

Whilst creasote itself is rapidly absorbed by the stomach

when introduced into that organ, creasotal and guaiacol car bonate pass through that organ unaffected. They only become absorbable after they have again split up into carbonic acid and creasote or guaiacol. This decomposition, like that of the fats, takes place slowly,—in the intestines, animal experimentation showing the presence of these carbonates throughout the entire length of the small intestine after their ingestion. Absorption takes place continuously and in small quantities.

Creasote in the ordinary form is quickly absorbed and its action is short and violent, followed by a long pause; guaiacol carbonate and creasotal act continuously and mildly on the digestive tract and the entire organism. And this continuous absorption is a necessary condition for their therapeutic effect, as Hoelscher demonstrated a few years ago.—The Medical Bulletin.

The Regulation of Prostitution.

Physicians look at prostitution from a point of view supplementary to that of the moralist. They, more than any other class of citizens, realize the physical detriment that results to the community, or to a portion of it, from unrestricted prostitution. As a general thing they recognize the impossibility of suppressing it, as indeed does everybody who knows its history, save only those who are blinded by a fanatical spirit. The socalled "social evil" presents so many points of difficulty in its management that it is well-nigh useless to expect any material benefit to result from legislation on the subject unless the legislation is based on broad conceptions of justice and expediency, and it never will be so based until such conceptions are entertained by a large class of the people. To bring about such a desirable state of public opinion it is quite necessary that the moralist and the physician should not array themselves against each other, each intent on carrying through all that he regards as important; they should rather cooperate to secure the best attainable regulation of the miserable trade. Nothing, it seems to us, could more powerfully conduce to such cooperation than

that energetic and philanthropic women should give their attention to the matter. This, we are happy to say, they are beginning to do. For some months past a Boston lady-her name we do not now remember—has labored earnestly to turn public opinion in that city in favor of a humane and health-protecting course in the treatment of prostitutes, and in this issue of the Journal we reprint from one of the Chicago newspapers a circular letter that has been issued by a lady physician of Chicago, Doctor Luella Day Underhill, urging the same arguments substantially as the Boston lady is putting forth, and proposing in addition a State institution for rearing children born to parents whose own course of life or their surroundings render them unfit to be the custodians of the young. Doctor Underhill is chairman of the police committee of the Illinois Women's Alliance. and it is in that capacity that she issues her appeal, so it is to be hoped that it will receive general attention and careful consideration.

Too much must not be expected of the subjection of prostitutes to medical examination, for where it has been enforced it has proved disappointing to those who looked upon it as capable of stamping out venereal disease; but it certainly does some good and therefore ought not to be neglected. Of course it cannot effect clandestine prostitution—the worst form of the evil—but neither can anything else. So far as it can be made to go, its influence will be to diminish the spread of venereal disease, and we hope that these ladies' efforts to bring about its adoption will prove successful.—*The New York Medical Journal*.

The Increase of Crime in France.

Professor Joly declares that crime is rapidly on the increase in France. In 1860 the number of minors brought up for trial was 5,400, whereas in 1891 their number exceeded 7,000. In 1892 the number of habitual criminals known to the police exceeded 100,000. The offenses which escape punishment are also constantly on the increase. In 1891 there

were 83,000 offenses which escaped punishment, and in 1892, 89,000. With regard to the nature of unpunished offenses, M. Joly says that first of all come robberies, 90 per cent of which were unpunished in 1890. Then follow criminal attempts against trains and railways, thefts, counterfeiting, arson, the infliction of personal injury by stabbing, etc., and infanticide.—

Medical Record.

A Case of Malaria—Simple Technique for Blood Examination.

BY ERNEST B. SANGER, A. M., M. D.,
Assistant Professor of Pathology in the Medico-Chirurgical College, Philadelphia.

Some time since a medical friend consulted me as to the probable cause of occasional severe and long continued headaches which annoyed him, and which had heretofore resisted treatment. Shortly before this a patient had visited me, suffering in an almost similar manner, and as an examination of his blood with subsequent antimalarial treatment, and complete recovery, proved his complaint to have been of that origin, I suggested to my friend that perhaps he also had malaria. Accordingly I put a drop of his blood under the microscope and was not surprised to find numbers of misshapen corpuscles, crenated, granular and irregular in outline, most of them containing the plasmodium malariæ. In order to demonstate to him what normal corpuscles ought to look like under that power, I made another slide of my own blood. To my astonishment, the corpuscles here shown resembled his, except that the proportion of bad to good was very much greater.

My first impression was that possibly I had been laying too much stress on these irregularities in the corpuscles, and that perhaps they did not mean so much as I had supposed. On carefully reviewing my physical condition, however, I found that it left much to be desired. Though having given the matter no particular thought, the fact recurred that for some time past I had by no means been enjoying my usual meed of health,

that I had suffered from general soreness and slight wandering pains, had felt strangely nervous and irritable, and in addition had been tiring so easily that only a very moderate amount of exertion almost exhausted me.

Though conscious of these facts, with that usual carelessness with regard to ourselves, I made no investigation into them, vaguely attributing the sensations to overwork, though where the overwork came in was a question.

Indeed, I must have looked below par, for some friends of mine, medical directors of an insurance company who had freely passed me as first-class two years ago, had recently refused me anything but conditional policy.

At once I began taking from twelve to eighteen grains of quinine a day, just enough to keep my ears gently ringing, and in a week's time the change in my physical condition was most marked. The corpuscles had almost all returned to normal, and I felt my elasticity and sense of well-being fully restored.

From a large number of blood examinations on patients coming to me complaining of this or that indefinite series of sensations, I have found in so many instances the malarial parasite in greater or less numbers, and the cases yielding readily to anti-malarial medication, that I am convinced the condition is, in this locality at least, more prevalent than is commonly supposed.

We know it has come to be quite customary for the average layman when in a general state of malaise, to stock himself with quinine from the nearest drug store. In many instances much benefit is derived from this home treatment, and I am of the opinion that such is the case because the condition is very often due to the malarial parasite.

Examination of the blood for this purpose is extremely simple and can easily be followed by anyone who has a microscope. My own method is to pass a rubber band around the distal phalanx of one of the fingers to impede the return flow of blood, and puncture the finger just back of the nail with a sharp pointed bistoury. Formerly I used a needle, but the bistoury

causes less pain, is more certain to bring blood with a light touch, and usually requires no pressure to force out the blood.

The small drop of blood that oozes out is gently touched with a carefully cleaned slide, the latter slipped along for from one quarter to one-half an inch and then lifted up. This should be done without touching the finger so as not to crush any of the corpuscles by pressure. By this means at the point of starting and stopping a rather thickish mass of corpuscles is gotten, and between, usually a single layer. Over this is now laid a very thin and light cover-glass, generally with no hair between, as I do not find it necessary. Separate or massed corpuscles can now be studied, and the field gone over looking for crenated, misshapen or globular, granular looking corpuscles. Such, as a rule, contain the plasmodium in some one of its many morphological changes.

Alterations of form can often be observed even on the cold slide, but intercellular movements can easily be observed by means of the warm stage. One of these can be made by passing around the edge of a slide a light copper wire, and at one end of the slide twisting the two wires for about 3 inches. The slide can be held inside the wire loop by means of thread tied around, or very light wire, or may be simply pasted to the wire by slips of paper. On this slide the drop of blood can be put, and the latter kept moist when about to dry by running under the cover-glass a small drop of a one-half per cent solution of common salt. The whole slide can be kept at about blood heat by standing an alcohol lamp under the twisted end of the copper wire, and moving the lamp near to or farther from the microscope stage according to the amount of warmth desired or obtained.

An old professor of mine was fond of saying to us in the clinic room, with regard to certain conditions: "What is the use of guessing when we can know?" So I say with respect to this protean trouble, malaria: What is the necessity for wondering whether or not our patient has it, when in two minutes the question can be definitely answered.—American Therapist.

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

OCTOBER, 1895.

NUMBER 4.

Medical Vociety Papers.

Some Anomalies of Bright's Disease.

BY J. G. EBERLE, M. D., FORT SMITH.

[Read in the Section on Practice of Medicine at the Twentieth Annual Session of the Arkansas Medical Society.]

Mr. President and Members of the Arkansas Medical Society:

When Richard Bright in 1827 formulated and gave to the medical world of that day his ideas of the disease that has since borne his name, when he announced that as a result of his observation and investigation it had been proven that in cases of general dropsy associated with an albuminous urine the primary cause of the disease existed in the kidneys; when this statement was announced, and from such high authority as the celebrated English physician, one of the hitherto unsettled problems of disease was considered as definitely established; his statements were verified and accepted and for more than half a century the medical mind was at perfect peace upon that question. The diagnosis was so simple, general dropsy and albuminous urine; the treatment so easily formulated, diuretics, purgatives and diaphoretics, and the prognosis too, unfortunately, so easily made, that we might be tempted to look back with envy upon their equanimity of mind and positive assurances

that this subject had been completely mastered. Recent investigators, however, have been gradually undermining the solid structures built by Bright and the question, what is Bright's disease is not so easily answered now as formerly. When one answers it is a certain train of symptoms produced by a primary lesion of the kidneys, he may be confronted with a statement that this primary lesion is in the heart or blood vessels. Doctor B. W. Richardson in the Annual says: "The term Bright's disease is now no longer being accepted as indicative of one particular pathological condition. When the term was first applied it was assumed invariably that the mischief giving rise to the presence of albumen in the urine was located in the kidney, and I remember well that when a post-mortem examination did not explain sufficiently the characteristics of renal disease, and did not, in fact, account through the kidney for the phenomenon that had been observed during life, it was still supposed that the kidney was the organ at fault, the hypothesis being that, whenever albumen passed by the urine, the fault must lie exclusively in the kidney itself. This view held its ground until a few years past, but lately, and especially since the labors of Sutton, and the conception that confirmed albuminuria is often traceable to what is called arterio-capillary fibrosis, it has become common to speak of albuminuria as a disease connected with different causes—in short, as a disease of many types. Some authors, I observe, are inclined to maintain the term Bright's disease with a limitation. They would call that only Bright's disease which is attended with distinct change of renal structure. What that change of structure may be is not defined with special care; but if there be albumen with an obvious disease of the kidney, that may still be called Bright's disease, or as the French say, albuminurie brightique, as if signifying a state qualified by an adjective, and as if the origin of the adjective in the name of a discoverer had passed away. Instead of the term Bright's disease, therefore, as covering one distinct pathological condition, we speak now of albuminuria of different kinds, each pertaining to some particular cause."

If on the other hand an answer to the above question is given by stating that Bright's disease is an affection characterized by the presence of albumen in the urine, one is met by the broad statement of Dieulafoy that Bright's disease may exist without the presence of albumen. This is shown in a report of seven cases in which he was able, for a greater or less time, to determine the complete absence of albumen although many symptoms of Bright's disease were present, and ultimately autopsy proved disease of the kidneys. In his lectures he laid special stress on those cases of Bright's disease without albuminuria which it is so important to recognize.

Although new light has been shed upon this subject by late research, and we are taught that the old rule of simple diagnosis may have frequent and notable exceptions, the fact of the existence of a renal lesion with albuminuria is yet uncontroverted. I desire however to-day to present to you a few points bearing upon the exceptions to the general rule, believing that we are too much disposed to base our conclusions solely upon the results of a urinary analysis.

It is not necessary to review before you the different classifications or varieties of Bright's disease—the acute and the chronic; the catarrhal and the croupous; the large white kidney, the cirrhotic or contracted kidney, the fatty kidney, etc., etc. I will pass over that form of the disease affecting only the parenchyma and confine myself to a consideration of the chronic form of the affection involving the stroma, blood vessels, and tubes of the kidney—the chronic diffuse or interstitial nephritis. This is Bright's disease proper, or in other words, this is the form of kidney lesion in which our chief interest lies, for it is the affection that we are most often called upon to treat, and because of its slow and, as a rule, progressively unfavorable tendency, we have greater opportunities for its study and a greater incentive to effect a cure or stay its fatal course.

This affection while occasionally following acute nephritis is usually chronic from the beginning; its development is most insidious, and although all patients may suffer from the same

essential symptoms, yet there is a good deal of difference as to the way in which these symptoms are developed, and as to the predominance of some symptoms over others. The kidneys are contracted or atrophied, both in the same degree. This atrophy begins in a previously healthy organ and to quote from Striimpell, cell after cell of epithelium, islet after islet of tissue are slowly attacked, while other parts still remain intact.

Their size is slowly reduced to one-half or even one-third of the healthy organ; they are firm and dense and upon stripping off the capsule it is found closely adherent. Upon section of the kidney the cortex and pyramids are found smaller; the microscope shows an advanced destruction of the renal parenchyma, which is replaced by a cicatricial connective tissue. The epithelium is degenerated and atrophied and the uriniferous tubules are diseased.

The most constant symptom, and one which, in many cases, first of all, and often even alone, renders the diagnosis of a renal affection possible, with complete certainty is the presence of albumen in the urine.

Strimpell again says: "Almost every pure albuminuria is a direct sign of an abnormal perviousness of the walls of the glomeruli; and the pathological changes which the glomeruli undergo in the different diseases of the kidney, have, as their immediate result, this abnormal perviousness, and the consequent transudation of albumen in the urine."

Now to take an abverse view of this question. It must be remembered that albumen is not uniformly present in the chronic or interstitial variety of Bright's disease.

The views of Dieulafoy were mentioned above. Quoting from Pierre Jeanton I find the following: "In an article by Huchard upon this subject it is stated that nephritis, especially the interstitial form, may run a latent course; ædema and albuminuria may be lacking, and the chronic inflammation of the kidneys may be accompanied only by persistent anæmia, loss of flesh, digestive disorders and special troubles of the intellectual faculties."

Lecorche holds the same opinion. He recognizes the fact that in interstitial nephritis the urine does not necessarily contain albumen, and that this form of disease may pursue its course without our ever finding a trace. Mohamed, in a paper read before the London Congress, reports a number of cases treated in Guy's Hospital. Of sixty-one cases, in forty-one albumen was never found and in eleven only at infrequent intervals; twenty-one of these cases died, and in all *post mortem* renal lesions were found. Therefore, according to him, neither albuminuria nor dropsy exist habitually in chronic Bright's disease. When these symptoms appear they are the indices of acute or epithelial alterations.

Doctor Delespierre in France wrote: "Albuminuria cannot be considered as a constant symptom in nephritis; often enough it may be wanting, and yet the clinician may find in the *symptoms* of the disease the elements for certain diagnosis."

The fact then is perfectly established to-day that Bright's disease may exist without, during life, albumen being detected in the urine.

To resume the history of this affection, still quoting from Pierre Jeanton, in a few words, albuminuria, first considered a symptom of but little importance, and as an anomaly, gradually became the pathognomonic sign of Bright's disease to such a degree that certain clinicians considered albuminuria synonymous with Bright's disease. Next, numerous observers having found albuminous urine in many, and in diverse affections independently of all renal lesion, and again having found albumen in the urine of subjects enjoying the most perfect health, albuminuria became a symptom common to many diseases. This symptom, the absolute value of which has certainly diminished, has still however great weight in the diagnosis of Bright's disease. When a number of symptoms suggest the possibility of a chronic renal affection, albuminuria remains the great diagnostic criterium; the affection remains doubtful if this symptom be lacking, and it becomes certain if this symptom appears.

Finally it became a certain fact that Bright's disease may

exist for a greater or less time, perhaps for a lifetime, without albuminuria; the symptom thus loses much of its diagnostic weight. If its presence under certain conditions still indicates truly a renal affection, its *absence* does not entitle us to reject the affection, and the diagnosis of Bright's disease may be made even when the most sensitive reactions do not allow us to discover the slightest trace of albumen in the urine."

What prognostic value has the presence of albumen in the urine? It has been shown that this element is found in the greatest quantity in the milder or less chronic forms of nephritis, and we know that it may appear in the greatest abundance in the renal affection attendant upon pregnancy to rapidly disappear after parturition. The majority of writers are in accord in regard to the fact that it is in the last stage of the disease, that of renal atrophy, that the amount of albumen is least considerable; at this stage the decrease may extend even to complete disappearance. Jaccoud says the absence of albumen is even the rule in the last period of the disease.

Bouchard says: "Albuminuria is a bird of ill-omen in diseases of the kidney, to which an extreme importance is attached, behind which we expect the ædemas, and all the precocious or tardy symptoms of Bright's disease, and which are accused of provoking weakness. Still it is often a few centigrammes, at most a few grammes of albumen, which the patient passes each day; such a slight spoliation is not capable of deteriorating the health; a nursing woman loses, without harm, 40 to 50 grammes of albumen or of proteid matter through the function of lactation and yet her health is not deteriorated.

Christison thinks that the greater or less amount of albumen cannot assist in prognosis. The chances of death, he says, are not at all proportionate to the quantity of albumen in the urine. The reverse is true to a degree, for when albumen is abundant the organic derangement of the structure of the kidneys is in its first degree."

After an examination of the urine for albumen the next in sequence is a microscopic search for casts. Strümpell says:.

"The clinical diagnostic significance of renal casts is very great. They are, in the first place, always a sure sign of the existence of some renal disease, since in normal urine casts are not found at all, or at most they are exceptional and are present in small numbers." Their valued significance, however, has been discredited to a certain degree also, as witness the following from the French author quoted above: "If the chemical composition of albuminous urine has not much value from a diagnostic standpoint, the microscopic examination of the urinary sediment has not much more. For a long time writers have attached great importance to the study of the urinary sediments, and especially to the casts; persuaded that they represented exactly the lesions of which the kidneys were the seat they described in great detail the hyaline casts, the granular casts, the granularfatty casts, the waxy casts, etc., each variety belonging to a determined renal lesion. Soon, however, it was ascertained that these casts were often found without the kidneys being much affected, so that they lost entirely in value. To-day they are hunted for rather as curiosities than as elements in the diagnosis.

In parenchymatous nephritis the urine is usually cloudy, the sediment is abundant and under the microscope are found crystals of uric acid, urates and phosphates, lencocytes, sometimes blood corpuscles, casts of varying kind and number. Bartels, who has made a study of casts, says: 'The majority are pale, hyaline or slightly striated, and often carry debris of epithelial cells. The more chronic the case the more frequent the granular casts and the larger they become, and the more frequent the waxy casts. In diffuse nephritis there is little sediment and it contains fat cells and a few casts; not uncommonly there is no sediment for days in succession. Casts are sparse in interstitial nephritis; microscopically a few crystals of urate and of oxalate of soda are found, and a few hyaline casts, exceptionally some granular.' According to Robin there is also found a notable quantity of uro-hæmatin. In short the microscropic examination allows us to determine certain differences between the varieties of Bright's disease; but it is not necessary to hunt for casts in order to specify the variety of nephritis. To-day, therefore, the microscopic test is of restricted value."

Great importance should be attached to the quantity of urine secreted by your patient, and to its density. The urinometer should be called into almost as frequent use as the test tube. A low specific gravity denotes a deficiency of the solids of the urine, especially of urea. We must not lose sight of the fact that it is not what is found in the urine, but what is left remaining in the blood that endangers your patient's life. That a normal quantity of urine, of normal specific gravity, containing a certain amount of albumen is less dangerous than a smaller amount of urine containing the same quantity of albumen.

The specific gravity is usually below the normal; if markedly so, or if the amount of urine voided should be markedly small, sudden and otherwise unexpected anæmic developments may occur with a probable rapidly fatal termination. The amount of urine is usually lessened in the earlier stages of Bright's disease; to be followed later on by an increase as the blood pressure in the kidneys is increased by cardiac hypertrophy, and the circulation through many uriniferous tubules becoming obliterated by the gradual increase of interstitial growth, the blood courses through the remaining tubules and glomeruli under an increased pressure, and the consequence is that in these portions the secretion of the urine, especially of the water, is more abundant. Later on, still as the disease progresses in its unfavorable course, and fewer and fewer normal tubules and glomeruli remain, the secretion of urine grows less, to continue so to the end.

Dropsy is another of the frequent symptoms of nephritis. Several causes for this are given. The principal function of the kidneys being to excrete water, when they become impaired and thus fail to properly perform that function, there is an accumulation of fluid in the body and an ædema is the result. consequently this symptom is most marked in that form of

kidney lesion in which there is a lessened urinary secretion, and least so in the chronic form when the amount of urine voided is increased. Cohnheim also lays stress upon a change in the walls of the vessels by which they become abnormally pervious and permit the water accumulated in the blood to pass out into the tissues. Œdema may also be a resultant of cardiac complication.

Hypertrophy of the heart and general arterio-sclerosis are usual complications of chronic Bright's disease. Osler says: "Hypertrophy of the heart is almost constant. I do not remember ever to have seen a well marked instance of contracted kidney without some hypertrophy of the left ventricle. The explanation of this hypertrophy has been much discussed. It was first held to be due to the increased work thrown upon the organ in driving the impure blood through the capillary system. Traube believed that the obliteration of a large number of capillary territories in the kidney materially raised the arterial pressure, and in this way led to the hypertrophy of the heart." Senator and others have advanced the theory that the retention of the urinary constituents, especially urea, in the blood, causes the increase of arterial pressure. Jerome B. Thomas says: "Whatever the explanation may be, it is a clinical fact that more than half the cases of nephritis induce hypertrophy of the left ventricle of the heart; and in contracting kidney, the proportion is even greater." Other symptoms of prominence are the peculiar pallor, due to an altered condition of the blood. The uramic symptoms-headache, drowsiness, vomiting, etc. Another important symptom, and one which frequently manifests itself very early, is albuminuric retinitis.

To summarize then the points sought to be made in the above remarks:

- 1st. The presence of albumen is of great and unquestioned diagnostic value.
- 2d. Its absence does not necessarily exclude Bright's disease.
 - 3d. A large amount of albumen excreted without other

grave symptoms, does not necessarily indicate an early unfavorable termination.

- 4th. The quantity of urine secreted, together with its specific gravity, is of great importance.
- 5th. Other symptoms, as the characteristic pallor, the cerebral symptoms—headache, drowsiness, etc.—the albuminuric retinitis, etc., should be weighed with due consideration both in diagnosis and prognosis.

A few points upon treatment and I will not longer intrude upon your time.

Delafield says of chronic Bright's disease: "There seems no good reason for believing that we can directly influence the development of the lesion in the kidneys. It is possible that such a development may be indirectly delayed by improving the general health of the patient. There is good reason to believe that some of the symptoms which occur regularly in patients who have chronic, diffuse nephritis are dependent, not upon the nephritis, but upon other causes. We may therefore look for indications for treatment in three different directions:

- 1st. To delay the development of the disease by improving the general health of the patient.
- 2d. To treat those symptoms which are not produced by the kidney disease.
- 3d. To treat those symptoms which are produced by the kidney lesions.

The patient should give up business, cultivate regular habits, and if necessary seek a warm and mild climate. Of less efficacy, but still of importance, are the improvement of the digestion by means of drugs, and the feeding of the patient. In every patient suffering from chronic, diffuse nephritis there are a number of symptoms which seem to depend directly upon other conditions and not upon the kidney lesions; for if these conditions are removed, the symptoms disappear, although the kidney lesions continue. To this category of symptoms seem to belong the headache, delirium, stupor, coma and convulsions, the nervous dysphoria, the vomiting in

part, the dropsy in part, the diminution of urine in part. All these symptoms are due to disturbances of the circulation, and the disturbances of the circulation are produced by a number of causes which may act separately or together."

The bowels should be kept regular, the skin active by a daily tepid bath with friction, and the urinary secretion free by drinking daily a definite amount of some pleasant mineral water. Alcohol should either be prohibited or permitted to a limited degree. At certain stages diuretics, diaphoretics and purgatives will be demanded. The tone of the heart's action may be improved by digitalis, nitroglycerine and strophanthus. Jacobi, however, in a recent discussion of scarlatina and its complications, has this to say of digitalis: "Whenever there is any irritation of the kidneys, digitalis is an absolute poison; the digitoxin will commonly aggravate this condition. I have never seen any good from digitalis except when the kidney disease was the direct result of disease of the heart."

Iodide of potassium and the different salts of iron prove beneficial in many cases.

The salts of strontium are among the recent remedies that have an effect more directly bearing upon the renal lesion. An article in the Hospital Gazette says in discussing this remedy: "More remarkable effects however were produced in the case of patients suffering from albuminuria, especially in those in whom the presence of albumen was due to acute and subacute peri-nephritis of the epithelial and parenchymatous varieties. The larger the amount of albumen present, the more marked was the reduction observed after its administration, amounting in severe cases to upwards of 50 per cent, besides the benefit obtained is purely symptomatic, for when the use of the drug was discontinued, the proportion of albumen returned to the previous amount. Nevertheless, the other symptoms were found to undergo a like amelioration and the general condition of the patient improved. The dietary of the patient is however the important factor in the treatment of this disease, and upon its intelligent regulation, and its careful observation by the patient, much benefit will frequently result. Formerly it was considered necessary to restrict the patient to milk alone, but recently a more liberal allowance of vegetable food has been found not incompatible with good results.

Dr. Richardson says: "On the treatment of albuminuria in its permanent form there is a remarkable unanimity of opinion on the subject of dietary. All seem now to be agreed that in every case of albuminuria a pure animal dietary of flesh should, as far as possible, be avoided, and should be replaced by a vegetable and feculine diet. Thus so distinguished an observer as Dujardin Beumitz argues that, under the influence of an exclusive animal diet, the quantity of albumen eliminated in twenty-four hours is nearly doubled, while under an exclusively vegetable and feculine diet the albumen is reduced to a third part of the quantity that is eliminated under a regime of mixed animal and vegetable food. This idea of a purely vegetable diet in albuminuria has in many cases been accepted as superior to the milk diet, with which we have been for some years past acquainted, and which has answered sometimes remarkably well. As it seems to me the evidence altogether favors the idea that the purely vegetable regime is the best, or at all events, a regime in which the vegetable food plays the chief part and in which milk comes in simply as an accessory. This would accord with my own experience of diet in albuminuria."

In conclusion I acknowledge an indebtedness to the authorities above quoted, and especially to Strümpell and Pierre Jeanton, on whom I have drawn freely for valuable information.

The Woman's Medical Institute in St. Petersburg

Professor von Anrep, formerly director of the Russian Imperial Institute of Experimental Medicine, has been appointed director of the Woman's Medical Institute, to be opened within a few months in St. Petersburg. He is at present the government representative on the sanitary commission of the Pan-Slavic Exposition to be held in Nijni-Novgorod in 1896.—

Medical Record.

The Surgical Treatment of Chronic Epilepsy.

BY T. J. WOODS, M. D., BATESVILLE.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

Miss May U., white, age 19 years, has been suffering from epilepsy since 12 years old; she was born with a great dent or depression on the right side of the forehead, and her mother, who is a trustworthy and intelligent lady, thinks that the depression was caused by a blow from the handle of an old fashioned windlass which accidently slipped from her hand and struck her on her abdomen during the fourth month of her pregnancy. At any rate, the child was born with a defect that has much the appearance of having been caused by some external violence. The child did not suffer any inconvenience from this defect until she was 12 years old. At that age she commenced to have "fainting spells," which would recur at irregular intervals of from one to six days, the paroxysm lasting only one or two minutes. In about one year, the fainting changed into paroxysms of fright which soon assumed the form of epileptic convulsions. The paroxysms were light, lasting only about two minutes. They would recur at irregular intervals, sometimes missing several days and often having as many as ten or fifteen paroxysms in a day. During the first year after the epilepsy developed, the paroxysms were checked three months by medicine; also three years ago, they were suppressed during a similar period. Since that time the attacks have not been reduced by any treatment. During the last two years she has not missed a day without having one to ten and sometimes fifteen epileptic seizures. In addition to the attacks described, she has had an average of two very severe convulsions a year for the last three years. There is no hereditary tendency to epilepsy or other disease, her parents, four brothers and one sister all being of sound constitution. At the time of the operation to be described, her general health was good, but until the last year it was very poor. She commenced to menstruate at 13 years of age, but she

was very irregular, often missing from three to five months; was very much afflicted with pains in the back and extremities and leucorrhœa. Many physicians had prescribed emmenagogues, etc., supposing that the paroxysms were due to the menstrual derangement. When she first came under my observation one year ago, she was much emaciated, and was suffering greatly from uterine catarrh, complicated with chronic malaria in addition to the epilepsy. I insisted that the epilepsy was due to the depressed bone, and that nothing short of surgical removal of the cause would give any relief, but owing to the importunities of the parents I undertook to give all the relief possible without such a radical measure. Under appropriate local treatment, the uterine trouble was relieved, the menstrual function became normal and the general health was restored; so, at the time the present treatment was inaugurated, the general condition of the patient was good. The mental condition, however, was not so good; she was very despondent and irritable, and was the subject of many delusive ideas; she slept well. She was rather stooped but has regular gait and showed no signs of paralysis of any of the extremities. The right side of the face was appreciably larger than the left, which I considered really a paretic condition (pseudo-hypertrophy). The vision in the right eye was very materially affected, being only one-twentieth, which could be raised to one-fifth by a plus six spherical lens. The optic disc of the right eye, while in other respects it appeared normal, was not more than one-third the size of that of the left. It had the appearance of what I believed would arise from an arrest of development.

Treatment. While I was positive that the only effectual treatment would be to remove the depressed frontal bone, I was very averse to making the deformity any greater, which the removal would necessarily do unless I could fill the opening by some means, and after considering the various plans suggesting themselves to my mind, I decided to transplant a section of bone from another part of the patient's skull. Accordingly, I had two trephines constructed, one to correspond to the area of bone

I wished to remove, and another of such size that a section removed by it would accurately fit the opening made by the first.

On April 11, assisted by Doctors Dickson and Case, under the most rigid antiseptic and aseptic precautions I removed a section $1\frac{5}{16}$ inches in diameter just above the right orbital ridge. On removing the section, there was considerable bulging of the brain and there were four or five blue lines on the dura; but on closer investigation by inspection and palpation, it was decided that the bulging was due to the relief of the pressure and not to any intra-cranial pressure from abnormal growth within the brain. The dura was not opened. Then a point just above and anterior to the left parietal eminence was selected and another section was removed; the removal of this section was also followed by slight bulging. This section was transferred to the opening in the frontal bone, the incisions were closed with silk sutures and the whole head was covered with first iodoform and then cor, sub, gauze,

Result. There was considerable nausea for two days, due to the long continuance of the anaesthetic, which finally required small doses of calomel to relieve it. There was not at any time any elevation of temperature, or soreness, or inflammation of either of the incisions. On Sunday, three days after the operation, there were two very light epileptic seizures, and on inquiry I learned that the menses had just come on during the morning. A mixture of bromide and chloral was prescribed after which there was not any recurrence of the paroxysms until the following Saturday, nine days after the operation, when there were two very light paroxysms, and on the day following there were four very light seizures. Since that time there has not been any further trouble. On the seventh day the sutures were removed, when it was found that the scalp wounds had united by first intention, and there was every indication that the transplanted section had also united. The two sides of the forehead were now symmetrical for the first time since the patient's birth.

In this case there are several points which appear to me as having more than ordinary interest. In the first place, is the peculiar manner in which the original injury occurred. The mother is quite sure that it was caused in the manner already described. There was nothing difficult about the labor, not even a physician was present. From the appearance of the section removed I am of the opinion that it must have been caused by some external violence before or during the expulsion of the child. I had quite an intelligent physician to contend that the trouble was caused by the impression conveyed to the mind of the mother that her child would be injured by the blow she had received on her abdomen, but I incline to the opinion that the child's head was actually depressed by the force of the blow transmitted through the abdominal wall of the mother.

Another point of interest is the fact that this patient had perfect immunity from convulsions during the first twelve years of life; this may be accounted for in part by the fact that during that period the cranial bones are soft and flexible, but I do not think it will logically account for the entire immunity. As is apparent on the inner surface of the section removed, there are several projections which I believe were the real exciting cause of the convulsions and which probably never began to develop until about the period when the convulsions began.

Another question here presents itself, and that is: What is the rational treatment for all cases of chronic epilepsy? In my opinion all cases not due to reflex origin, and cases of this class where the cause cannot be discovered and removed, should be trephined.

I am of the opinion that all but a very small per cent of chronic cases of this disease are due to disease or injury to the skull or its contents or in many instances to insufficient development of the skull to accommodate the contents. At any rate, I think the proper course in all inveterate cases of this disease which has resisted milder treatment should be trephine, regardless of the supposed cause. I do not wish to be understood as advocating that this operation is sufficient within itself to cure, but I do believe that it is the only way to lay a solid foundation for a permanent cure.

At present, this patient is making excellent progress toward recovery, and I have every reason to believe that she will be permanently cured. I am aware that it is too soon to prognosticate success with, any certainty as epileptics are said to be benefited by any operation for a time, but my past experience I think justifies my expectations in this case. Within the last two years I have trephined two other cases for epilepsy; one was a boy 12 years old, who had hemiplegia and a very severe form of epilepsy, he has been entirely well more than a year. The other was a girl who had had epilepsy six years; she was 18 years old and had become perfectly idiotic; she never had less than six and frequently as many as ten hard fits during the night. A few months after the operation, a letter received from her mother stated that her daughter had so far recovered her mental faculties that she had learned the alphabet and could spell easy words, and that she was having but few fits and that they were very light.

A Case of Placenta Previa Followed by Tetanus.

BY M. S. DIBRELL, M. D., VAN BUREN.

[Read in the Section on Obstetrics and Gynecology at the Twentieth Annual Session of the Arkansas Medical Society.]

As preliminary remarks concerning the case in question, it will probably be best to give a short history. She was well-developed, 36 years of age, had given birth to four children at term, all healthy. The labors were not in any way complicated, the presentations all vertex, I attended her in two abortions at about the third or fourth month; at neither time did she have other than the usual trouble, recovering with no untoward symptoms. There was no history of disease of the uterus or other of the generative organs and the cause of the abortions I could not with any degree of satisfaction determine. She was now, according to her statement, between eight and nine

months advanced in pregnancy, expecting to be confined in about two weeks. When called to her, I found that she had had a severe hemorrhage which came on without warning while she was on the vessel in the act of micturition. The hemorrhage had ceased before my arrival. An examination was made, the os was not sufficiently dilated to make the diagnosis of placenta previa which it proved to be. She was given a hypodermic injection of 1/4 grain of sulphate of morphia, it had the desired effect and she had no further trouble until the next day when flooding again occured, with the loss of near the same amount of blood, probably 2 pints at each time. The hemorrhage continued once a day for two or three days. The patient now began to grow weak from loss of blood. The pulse was becoming rapid, continued to grow worse until it reached 140 per minute, temperature 98 1/2 to 101 degrees. All this time a diagnosis could not positively be made owing to the fact that the os had not dilated to that degree to allow introduction of index finger in order to demonstrate placenta previa which was strongly suspected. I examined for the feetal heart on Sunday. It was distinctly heard low down on the left side. The feetal movements were distinctly felt; the child was alive. An examination was again made and I was able to diagnose placenta previa marginalis. The os having sufficiently dilated to allow introduction of the examining finger. The free edge of the placenta could be easily felt. Strange to say the flowing for some cause ceased, and I hoped, but why I am unable to say, that she might go to term and allow the labor to be terminated naturally. I was called to her in haste on the following Wednesday afternoon. I lived in expectation of the worst and had decided to deliver her by the methods proposed by the authorities, but on arriving found her in labor, pulse rapid and weak and she was very restless. My hands and forearms were washed in hot water with soap and nail brush and my hands afterwards washed in a hot sublimate solution before an examination was made. The os was thoroughly dilated, though she had been in labor but a short time. The presentation was L.

O. A. and the head fairly well advanced. The serrated edges of the parietal bones corresponding to the sagittal suture were exposed, the decomposed soft parts having given away under pressure. There was great danger of injury to the mother by the exposed bones. The forceps were immediately applied in order to protect her and to assist in delivery. There was no hemorrhage of note during the extraction of the child. I introduced my left hand along side of the forceps to assist in protection of the mother's soft parts. As the brain had now been forced out between the parietal bones, the cranium was partially collapsed. The child was well-developed but in a horrid state of decomposition, the odor that arose from it was stifling, not unlike the fumes of some strong acid. It was almost intolerable. Now came the critical time and in anticipation of it I was fortunately prepared to meet it. The hemorrhage following the delivery of the child can be described by saying that it was terrible. The placenta was delivered immediately and was not decomposed as one might have suspected. The uterus failed to contract, it could not be held down by external manipulation. The hemorrhage continued and it seemed as if the mother could not survive much more depletion. I passed my right hand through a hot sublimate solution and introducing it into the uterus almost to the elbow, the fundus which was high up on the right side and the contractile power seemed to have gone. The hopes of saving the mother were now almost despaired of. I pressed down on the fundus with the free hand and it still failed to respond satisfactorily. Slight contraction was followed by immediate relaxation. The uterus seemed to act in defiance of my efforts to control it. A fountain syringe had been filled with hot water and one of the women present was directed to press firmly downward over the uterus. The nozzle was introduced with my left hand along the right forearm into the womb and to my delight the engaged hand was forced out by one sudden contraction which proved to be permanent. The sterilized water was allowed to flow for two reasons; to produce stronger contractions of the uterus, and to wash out

any decomposed matter that may have been left in the uterine cavity. Hypodermic injections of morphia and ergotine were given. The patient rallied after having taken some whisky and then did well. Antiseptic vaginal douches were daily used and the uterus drained by what might be termed a wick of iodoformized gauze. The lochia did not at any time become offensive. I had begun to think that she was safe from any further trouble and would recover, so steady was her improvement. On the fifth day after delivery of the child she was seized with tetanus to which she succumbed on the third day. This case was one most interesting to me, and while there is probably nothing new advanced, yet an occasional report of such a case, is in my opinion calculated to do good as many of us have probably not had such a bedside experience. It is again interesting to think of the fact that the child was alive on Sunday and delivered in such a state of decomposition on the following Wednesday. I do not remember of ever having read of such a case, yet in way of discussion some such instance may be related. The question arises, where was the point of infection by tetanus? As she was not lacerated in the slightest degree, we must decide on the placental site. The bacillus must have been introduced from without. I do not think it was my hand that carried it, so careful was I to cleanse them previous to the first examination, The nozzle of the syringe had been in boiling water for half an hour previous to its use and was afterward boiled before a douche was used. I cannot decide how the germ was carried and we must through necessity leave it to the unknowns.

Suicide is not common in Russia, the rate being 30 to 1,000,000 inhabitants, while in Saxony it is 311, in France 210, in Prussia 133, in Austria 130, in Bavaria 90, in England 66; and while the rate has increased by 30 or 40 per cent in other European countries during the last thirty years, in Russia it has remained stationary. Professor Sikorski, of the University of Kiew, thinks the low rate is due, in part, to the patience and long suffering of the Russian under even the worst treatment, but also to an indecision of character which fears to do anything from which it cannot retreat.

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JOURNAL

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VOLUME VI.

OCTOBER, 1895.

NUMBER 4.

Editorial.

City Hospital.

There is no city of equal size and corresponding importance in the United States, that is not better equipped with hospital facilities than Little Rock. Case after case has been reported in our daily papers, where the city physician has been helpless, because of inadequate means in caring for the sick.

We have, thanks to the untiring energy of one or two men, a free dispensary in connection with the Arkansas Industrial University, poorly supplied with medicines and surgical appliances, with no beds and kept up only by persistent efforts of the medical faculty. Such a condition of things does not speak well for a people usually prompt and liberal in charitable endeavors.

The county hospital accommodates only residents of Pulaski County, it is not available in case of accident, when prompt attention and operative measures are necessary; and the resident physician however desirous he may be of caring for all, is hampered by restrictions which prevent the institution being available as an emergency hospital.

It is the duty of the profession to call the attention of the charitable associations to this condition of affairs, and with a long pull and a strong pull we may have a hospital commensurate with the needs of the city.

Pasteur.

The death of Pasteur removes perhaps the most conspicuous figure in continental medicine. His position for the last fifteen years has been that of a leader in bacteriological teaching and the development of serum therapy. At the time when Pasteur made known the discovery of inoculation properties of the anthrax bacillus, there were perhaps but few men in a position to understand in any degree the far reaching results of that discovery. It is possible that the distinguished teacher himself did not, but be that as it may, the history of that new science has been from that day to this like the history of a wonderland. The writer recalls the application of Lister's efforts to apply logically the deductions of Pasteur nearly twelve years ago; how abdominal and other capital operations were done amid odoriferous sprays from immense steam atomizers, so that the operator and his assistants resembled demons working in cloud

and mist. Out of many unnecessary and some dangerous contrivances came a rational application of what Pasteur had demonstrated. The life, habits and viability, the resistance to drugs of microörganisms became matters of percentage tables, and we moved with more precision and confidence after the great teacher.

The recent development of bacteriology, its thorough acceptance by the profession, make it hard for the younger generation to appreciate the condition of morbid pathology which preceded it. The practitioner who refused to accept it and who believed in nothing smaller than "maggots" had nothing to disturb his Watsonian views of the various processes with which he had to deal. It was a hard struggle to turn from the slumberous methods which saw in erysipelas and pyæmia the hand of Providence, and to realize that they were too often the results of criminal neglect and ignorance. Conservatism combatted Pasteur vigorously, but never for one moment did it delay the acceptance of doctrines for which the time was ripe. He was not like many other celebrities, a man of marked personality. No eccentricities, no peculiarities marked him. His was a healthy, well rounded character, differing from his fellows only in the amount of work he did and his wisdom in directing his investigations along fruitful lines. There is something very great in a life so well directed. The passing away of such a teacher leaves Paris shorn of most of its prestige as a teaching center, for among the excellent workers and assistants who surrounded him he left no one who can take his place.

The Antitoxin Treatment.

The latest reports from the serum therapy in diphtheria seem to indicate that the new treatment has come to stay.

It is true that there still exists a wide diversity of results, but the majority of observers, especially those connected with hospitals for children, give mortality percentages which range from 14 to 24 per cent in cases showing the typical angina and the Klebs Löefler bacillus. Previous to the institution of the serum treatment the hospitals report 40 to 50 per cent of deaths from the same pathological process. This statement does not possess so much interest from the fact that such have been the published results for some time, but for the reason that the percentage tables remain unchanged, and therefore leads us to hope that the new remedy will not be such a disappointment as the tuberculin treatment proved to be.

An interesting occurrence is related in the Medical Record, New York, where the local bacteriologists seem to have been at fault, either through carelessness or incompetency. A practitioner relates an instance in which the board of health reported favorably from a bacteriological examination of a culture tube containing an inoculation from a diphtheritic throat. The report stated that no diagnosis could be arrived at owing to the absence of specific bacilli, and requested a "confirmatory culture." Before this could be furnished death ensued and the diagnosis was established without bacteriological assistance. This, however, is an exceptional case and only demonstrates the necessity of more skillful methods of examination.

It has been suggested that a large percentage of cases which prove fatal do so by reason of a rapid degenerative inflammation of the muscular fibres of the heart, this condition being one in which the serum can exert no beneficial effect, and are necessarily fatal from the beginning. It is probable that no matter how prompt and effective the serum may be in neutralizing the diphtheritic virus, there will remain a number of cases where pathological processes will exist despite its influence, and render a certain percentage of cases necessarily fatal.

In the French Senate thirty-seven senators are medical men, one senator is a druggist, and three senators are veterinary surgeons. In the Chamber of Deputies, fifty-eight deputies are medical men, five are druggists, and one is a veterinary surgeon.

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Ashley	Eugene Christian	Portland.
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Bayter Benton Bo ane Bradiey Calhoun Carroll Circl Clark Clay Cleburge	A. J. Vance	. Harrison.
Bradiey	No member of the State Society resident	les in this County.
Calhoun		66 66 16
Carrolt	W. A. Reese	Eureka Springs.
Chicot	No member of the State Society resid	les in this County.
Clark	J. C. Waltis	. Arkadelphia.
Clay	W. B. Shields	St. Francis.
Cleburne	Adam Guthrie, Jr	. Quitman.
Cleveland.	C. A. Stanfield	'I'oledo.
Columbia	W. N. Warren	. Buckner.
Conway	A. K. Bradley	Plummerville.
Crawford	J. H. Kitchens	. Jonesboro.
Crawford	J. A. Dibrell, Sr	Van Buren.
Crittenden Cross Dallas	No member of the State Society resid	les in this County.
Cross	J. L. Hare	Wynne.
Danas	Z. J. Lantorn	Dalark.
Desha	No member of the State Society resi	des in this County.
Pauline and the second	M. Y. Pope	Monticello.
Franklin Fulton Garland Garland	No member of the State Society residence	des in this County.
Franklin	W. A. Amis	Uzark.
Carland	No member of the State Society resid	les in this County.
Canal	L. E. Honand, (Chairman)	riot Springs.
Creene	66 46 46 46 46 46 46 46 46 46	es in this County.
Grant Greene Hempstead	R M Wilson	Hone
Hot Spring	I F Graham	Malvern
Howard	I. S. Corn	Nashville
Howard Independence). C. Ewing	Batesville
Izaro	R. A. Baxter	Melhourne
Lickson	I M Jones	Verment
Jefferson	A. C. Jordan	Pine Bluff.
Johnson	W. R. Hunt	Coal Hill.
Jefferson Johnson Lafayette	F. W. Youmans	New Lewisville.
Law ence Lee Lincoln Little River Logan	W. J. Hat her	Imboden.
l.ee	J. W. Hayes	. Marianna.
Lincoln	W. M. Bittinger	Grady.
1.1title River.,	No member of the State Society resi	des in this County.
Logan	. S. Shibley	. Paris.
Madian	W. Grannerry	Lonos e.
Lonoke Madison Marion	W P Recoksher	Valleilla
M ller	W C Spearman	Teverkana
Mississinni	P C Damesia	()annula
Monroe	E. T. Mumby	Lirinkley.
Montgomery	No member of the State Society resi	des in this County.
Nevada	F., R. Armistead	Prescott
Monroe Montgomery Newadi Newion	No member of the State Society resi	des in this County.
Ouachita Perry Phillips Pike Poinsett	A. B. Loving	. Camden.
Percy	. No member of the State Society resident	des in this County.
Phillips	A. A. Horner	Helena.
Pike	No member of the State Society resi	des in this County
Poinsett		Ci Ci Ci
Polk Pope Prairie Pulaski	L. B. Sutherland	. Cove.
Pope	W. H. Hill	. Russellville.
Prairie	w. w. Hipolite	. Devall's Bluff.
Pulaski	J. H. Southall	. Little Rock.

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION-Continued.

COUNTY.	NAME.	POST OFFICE.
Randolph	No member of the State	Society resides in this County.
Scott	A. A. Sanford	Waldron.
Searcy Sebastian	B. Hatchett	Society resides in this County Fort Smith
Sevier	No member of the State	Society resides in this County.
St. Francis Sto e	. J. R. Carson	Forrest City,
Union	No member of the State	Society resides in this County.
Van Buren		
White	D. H. Stayton	Searcy.
Yell	No member of the State	Society resides in this County

Committee on Necrology—J. W. Hayes, Chairman, Marianna; J. T. Jelks, Hot Springs; F. Vinsonhaler, Little Rock.

County Hocieties.

Reports from various sections of the State show an increase in the number of local and county societies. We hope at the next annual meeting to have an organization in each county in the State.

Dr. Bentley exhibited at a recent meeting of the Little Rock Medical Society, an interesting case of Raynaud's disease, the gangrenous spots being symmetrical and well developed. The rarity of the disease together with its history served to render the case of unusual interest.

A Medical Author.

During the month of October there appeared from the Democrat Publishing Company, a work by our townsman, Dr. C. E. Nash, entitled, "Pioneers in Arkansas." The major portion of the work seems to be devoted to the life of Dr. Robert Watkins. An amusing incident is related in the doctor's practice, where he instituted the use of whisky for the bite of the rattlesnake. Dr. Nash cites this as the first recorded case where whisky was used for this purpose. For the benefit of our readers we will state that both the patient and snake recovered. The book gives a very graphic and healthy description of practice fifty years ago.

Miscellany.

A Report of the Series of Cases of Multiple Neuritis in Infants in the City of Bridgeport, Conn.

BY GRÆME M. HAMMOND, M. D.,

[New York.]

Isolated cases of multiple neuritis in infants are of rare occurrence. A sequence of such cases occuring within a limited geographical area is particularly interesting, both from clinical and etiological points of view. Cases of neuritis in children are perhaps more common than is generally believed. Browning, of Brooklyn, pointed out a short time ago that many cases of so-called anterior poliomyelitis in childhood were, in reality, cases of neuritis, probably of malarial origin, and Sachs, in his text-book, refers to many cases of neuritis in children who have been exposed to some toxic poison. But I have not been able within the limited time since this series of cases became known to me, to discover, at least in this country, any similar group of cases occurring in such a circumscribed locality.

Epidemic neuroses, with the exception of cerebro-spinal meningitis, are of very infrequent occurrence. In this country an epidemic of poliomyelitis was reported over fifty years ago by Dr. Colmer, and then not again until 1894, when a similar epidemic occurred in Vermont, the details of which were reported in full by Dr. Caverly in the *Medical Record* of December 4, 1894. In Europe epidemics of poliomyelitis have been reported by Briegleb in 1890, and in Stockholm by Medin in 1891. None of these were described to be epidemics of multiple neuritis, nor can I find any trace in literature of epidemics similar to the series of cases I propose presenting to you this evening. The Vermont epidemic affected many of the lower animals as well as the human species. I am inclined to believe,

from a study of Dr. Caverly's cases, that only a certain proportion were examples of poliomyelitis pure and simple. In that epidemic there seemed to be some undiscovered morbid agent which profoundly impressed the nervous system affecting different individuals with a similar inflammatory process, but implicating different portions of the cerebro-spinal system. Thus it seems to me, merely from reading Dr. Caverly's account of the epidemic, that there were cases not only of poliomyelitis, but also of spinal meningitis and cerebral menigitis, either independently or in combination. Medin's analysis of forty-four cases in the Stockholm epidemic shows there were more than simple poliomyelitis. There were ophthalmoplegias, facial and laryngeal paralyses, and in a few cases distinct implication of the vagus, symptoms which are quite foreign to typical poliomyelitis.

The present series of cases, comprising ten, occurred between December, 1894, and the present time. This is hardly sufficient to be regarded as an epidemic, and yet the nature of the disease is such, and its occurrence in infancy is so rare, that ten cases discovered in one locality and all within a few months may properly be regarded as an epidemic. They may certainly be regarded as extraordinary, and the presumption does not seem unreasonable that some atmospheric germ as unknown to us as that which caused the Vermont epidemic, and probably similar to it, is responsible for the cases I propose to bring to your notice this evening.

Last January, Dr. J. W. Wright, of Bridgeport, asked me to see his little girl, then 21 months of age. The history of the case was as follows: She had always been a strong and vigorous child. About Christmas she did not appear to be feeling well, and after a few days of discomfort, complained of pain in her feet. The pain ascended and seemed to affect both feet and legs equally. With the advent of the pain, progressive paralysis appeared, beginning in both feet and gradually extending upward. When I saw her both legs were absolutely paralyzed. The muscles of the back were so weakened that

she could not sit up, both arms were greatly weakened but retained feeble motion. The child seemed to be free from pain so long as she remained quiescent, but as soon as the limbs were moved or even pressed, particularly over the nerve-trunks, she shrieked with pain. There was apparently little or no pain in the arms. The gums were swollen and exquisitely tender. Tests in regard to the different forms of sensibility could not be made both on account of the youth of the patient, and because of the suffering such an examination would necessarily entail. I saw the patient about two weeks later, in consultation with Dr. Garlick. Her condition was unchanged, except that she had been seized with a double pneumonia, which may or may not have been part of the infectious process. From this she recovered. A few weeks later the symptoms of neuritis began to diminish. The pain subsided, motion gradually returned, and in about four months she seemed restored to her normal condition.

Case 2. About a 100 yards from Dr. Wright's residence, I found a child, 3½ years of age, who had had the first case, as far as I could ascertain. His initial symptoms began a few weeks before those of the case just described, and differed but little and immaterially in their clinical features. This case also recovered.

The notes of the next six cases have been given to me by Dr. John C. Lynch. They were all cases occurring in his practice in Bridgeport.

Case 3. Francis P——, 9 Grand street, Bridgeport, Conn.; aged 14 months; Irish parents, family history good; no syphilis, father intemperate. The child is the youngest of four and has always been healthy till the present trouble. Thursday, May 30, his mother took him in a baby carriage to see a parade. The child was restless that night and slept poorly, but the mother thought it was due to teething. Three or four days before this the child rolled out of the bed, but did not seem to be hurt very much as he did not wake up or cry. The next day the mother noticed that he could not use his

right hand, then his left hand became affected, and finally both legs were paralyzed. On June 2 his mother brought him to my office. The temperature was 103° F.; pulse, 127; respiration, 38, with paralysis of both upper and lower extremities. There was hyperæsthesia and tenderness and stiffness on motion. Reflexes were abolished and the characteristic wrist and foot drop were present. Faradic excitability was lost, but the paralyzed muscles responded slowly to strong currents of galvanism. His condition remained about the same for ten days. It then remained stationary for fourteen days, and then slight improvement was noticed in the right arm, left leg, and right leg. The pain was very severe, markedly so at night, requiring one-quarter grain morphia six times a day to control it. The child recovered.

Case 4. Annie S—, aged 20 months; born in the city; mother American and father Irish. No hereditary history. On June 13, 1895, the child was taken with a chill which recurred every other day for three days. On June 16, consulted Dr. W., who said she had malaria in the worst form. Tuesday evening, June 19, patient was brought to my office, at that time had projectile vomiting, strabismus, and arching of the spine backward. The temperature was 105° F.; pulse, 90; respiration, 24. The bowels were costive, tongue heavily coated, urine highly colored and stained the linen. The diagnosis of meningitis was made. On June 20, the condition was unchanged, the child very restless and seemed to be in extreme pain. On June 22, I noticed loss of the right arm. A microscopical examination of blood showed the presence of plasmodia. On June 23 both legs became paralyzed. There was intense pain on passive movements of the limbs, and also on pressure particularly along the course of the nerves. The reflexes were absent and the muscles failed to respond to faradism, and the reactions to galvanism were greatly diminished. The patient's condition remained practically unchanged up to July 16, then slight motion of the hands was observed. Patient has continued to improve gradually up to the present

time, with complete use of both arms, but is still unable to use the legs.

Case 5. Francis G—, aged 22 months; born in the city; parents Irish; heredity negative. On May 16, 1895, had a mild attack of scarlet fever. On June 16, after his usual afternoon sleep, awoke with headache and fever. His temperature was 101° F.; pulse, 110; respiration, 28. The next day the patient was comparatively well. Microscopical examination showed plasmodia. One week later, he was seized with loss of power of both legs. His mother said she thought the right leg was first involved, and then the left one. She had noticed the loss of power coming on for three or four days. He remained about the same for three weeks, then he began gradually to improve. He has now fair motion of both legs. There was diminished reaction to the galvanic current and slight response to a very strong faradic current.

Case 6. Thomas O'Brien, aged 4 years and 6 months; parents Irish, healthy; no history of intemperance or specific trouble. Youngest but one of eight children, two of whom are dead. One was still-born and the other died of cholera infantum, aged 7 months. One child, aged 8, idiotic. The child in question presents stigmata of degeneration. On June 23, it complained of loss of appetite and general soreness, and there was vomiting and fever several days. When I was called there was loss of power of both legs, the temperature was 101° F.; pulse, 120; respiration, 40. The muscles of both legs refused to respond to faradism, but did respond to galvanism. Plasmodium malaria in the blood. There was a loss of the reflexes, and there was foot drop of the left foot. The child slowly improved, and at the present time is able to stand.

Case 7. John S—, aged 20 months; born in Hartford; parents American, healthy. No specific history or intemperance. Patient youngest of three children. Healthy, except congenial club-foot, which has been corrected by operation. On August 21 he awoke with severe pains at 3 a. m. Mother supposed it due to colic and gave castor oil and paregoric. I

saw the patient three days afterward and found him suffering from loss of power of both legs and right arm. Temperature 102° F.; pulse, 130; respiration, 33. There was some opisthotonos, and also severe pain on attempting to move the limbs or on lifting the child. There was slight response to faradism, diminished reaction to galvanism. The patient gradually improved, and now, nearly six weeks after the disease began, can sit up and has regained the complete use of the right hand. The legs are improving.

Case 8. Charles M—, twin child; aged 19 months; parents American, good family history. Last January, 1895, had acute pneumonia. He is the youngest of six children. One child died of meningitis and complicated otitis media. On August 22 he was taken sick with fever, vomited three or four times during the afternoon and evening. I saw the patient at 9 p. m. His temperature was 100° F.; pulse, 105. He was restless and seemed to be in considerable pain. The mother thought the child suffered most pain on being moved or lifted up. Three or four days later it was noticed that the child could not draw his legs up, and finally both legs became paralyzed. The muscles responded slightly to strong faradic currents and also to galvanism. This patient has not yet recovered.

Case 9. This case occurred in the practice of Dr. J. W. Wright. The patient was $4\frac{1}{2}$ months old. The disease came on with fever, which varied from 101° to 105° F. The pain in this case began in the trunk on both sides of the body over the ribs. Touching the skin over this region gave rise to great pain. There was vomiting, the head and back were stiff, and there was persistent insomnia. All the limbs could be moved, but the child would become rigid when he was picked up. The paralysis gradually ascended and finally involved the muscles of deglutition, and the infant died about one month after the beginning of the disease.

Case 10. This case I saw in consultation with Dr. Samuel M. Garlick and Dr. John C. Lynch. The sickness began with M 3

fever and vomiting. First one leg and then the other gradually became paralyzed until all motion was completely arrested. There was spontaneous pain in the legs and increased pain when the limbs were moved. The nerve-trunks were sensitive, the reflexes were absent, and electrical contractility was entirely abolished. The arms were slightly paralyzed and for one day swallowing was interfered with. Like the others, improvement began after several weeks' illness and is still going on, but the child has not by any means recovered yet.

A brief summary of the most important details of these cases is stated in the accompanying table. The average age of the ten cases is two years and three months. Eight out of the ten cases began in the warm weather of June and August. Medin's cases of poliomyelitis all occurred in the summer months, and Saelis* states that 75 per cent of his cases of policmyelitis began between the months of July and October. In three cases both arms and both legs were paralyzed; in two cases both legs and the right arm were affected; in four cases only the legs were implicated, and in one case the intercostal muscles were the primary seat of the paralysis. The fourth and ninth cases presented typical symptoms of meningitis. The fourth case recovered, and the ninth case, who died, was unfortunately not subjected to a post morten examination, but it is quite possible that in both these cases the meninges were affected.

None of the physicians in Bridgeport whom I have questioned have ever met cases presenting these clinical features, until this series of cases began last winter. In regard to the diagnosis, I do not see how any other conclusion can be reached than that they were cases of multiple neuritis. The combination of sensory and motor symptoms; the gradual and symmetrical extension of the disease; the local tenderness over the nerve-trunks; the length of time the illness lasted; the gradual, and in some instances, complete recovery of the patients, and the absence of characteristic symptoms of other diseases, makes a diagnosis of neuritis comparatively simple. The succession

of cases and their great similarity point to a common cause of origin. In one case Dr. Lynch discovered the grippe bacillus in the blood, and in two other cases the blood showed the characteristic evidences of malaria. But this proves nothing. Grippe and malaria are common among infants, but such a series of cases as these is almost unique. Careful inquiry in towns in the neighborhood of Bridgeport fails to bring to light any similar cases. In Fairfield, about 4 miles from Bridgeport, there is one case of anterior poliomyelitis. I did not see this case. The diagnosis was made by Dr. Garlick, of Bridgeport, and confirmed by Dr. N. P. Gibney. It is possible that the etiology of this case may be identical with that of the cases just reported.

TABLE OF CASES.

Cases,	Disease Began.	Initial Symptoms.	Location of Paralysis.	Improvement Begun.	Duration of Disease.	Associated Symptoms,
21 mos.		Late in Dec., None observed.	Both lower limbs; both upper limbs (slightly)	Three months.	Four months.	None observed.
2 3½ yrs.	rs. Early in Dec.,	Early in Dec., None observed.	and muscles of the back. Both legs.	Two months.	Three months.	None observed.
3 14 mos.	log4. June 1, 1895.	Fever (1010 F.).	Both upper and both low- In about one month.	In about one month.	Not known positively, but	None observed.
во тоѕ.	os. June 13, 1895.	Chills, fever (105° F.) and vomiting.	Right arm, then both legs. In about one month.	In about one month.	Recovery not completed at the end of three months	Strabismus and opisthot- onos.
22 mos. 4½ yrs.	os. June 16, 1895.	Headache and fever.	Right leg, then left leg. Both legs.	Three weeks.	and a half. Three months, Four months.	None observed.
20 mos.		Pain and fever (102° F.).	Aug. 21, 1895. Pain and fever (102° Both legs, then right arm. Not known. F.).	Not known.	Recovery of arm at end of four months; legs still	None observed.
om 61 8	.s. Aug. 22, 1895.	19 mos. Aug. 22,1895. Vomiting and fever Both legs.	Both legs.	Not begun yet.	weak. It is now five weeks since the disease began and	None observed.
9 4½ mos.	Aug., 1835.	Fever (105° F.).	Intercostal muscles and No improvement, muscles of deglutition.	No improvement.	patient is not yet well. Died in one month.	Vomiting and stiffness of the back; rigidity of all the muscles when child
10 4½ yrs.	Aug. 1895.	Vomiting and fever.	Both legs, upper extrem- ities slightly.	In about six weeks.	Not yet recovered.	was lifted. None observed.

-Medical Record.

Axis-Adjustment: A New and Rational Method of Delivering the Placenta.

BY WILLIAM R. NICHOLS, M. D., BADEN, ONTARIO.

[A Paper read before the Waterloo Medical Association, at Berlin, Ontario.]

The paper I have ventured to bring before your notice today, under the heading of "A New and Rational Method of Delivering the Placenta," needs an apology for its title, since it is new only in the sense that no reference to its principles can be found in any literature at hand; but it is not presumed that many of you, who are experts and veterans in the obstetric art, have failed to practice, long before the writer, some of the procedures appertaining to the method; on the contrary, it is believed that as your experience has become riper and your management more dexterous, you, too, have departed from the teaching of the schools and books, and have arrived at a practice in accord with principles I now attempt to establish. If these principles be intrinsically true and universally applicable, then the methods in vogue must be incidentally successful, and, as such, irrational, irrespective of the measure of success they apparently give; and the discussion of these principles, which this paper is sure to evoke, cannot fail to be of interest and profit, for they vitally concern that stage of labor which is admitted by all to be the most important and the most fraught with dangers and accidents to the lying-in woman.

The manner of delivering the placenta has been described as being accomplished by one of four methods, viz.: The natural method, wherein nature herself is competent, as she is generally with the child. The method of traction on the cord, now fairly obsolete. The method of expression, as enunciated and taught by Credé, but which had been practiced long before his time by the Dublin school, and taught even in our own backwoods province by the late Dr. Workman, when professor of obstetrics in King's College, Toronto. And lastly, the method

of manual extraction, the last resort in failure of the former methods.

As the method of Credé has superseded the former methods, and is accepted without question as the method par excellence, it is to it we wish to pay our respects, and to do it the deference of quoting its technique in full and of commenting thereon. "Firm pressure is to be made upon the uterus downward and backward in the axis of the pelvic brim, when a contraction is felt to begin." At the outset, it is admitted that much success has attended this manipulation, but the same may be said of any particular procedure, in any condition, wherein nature coöperates; in other words, where success is incidental to the method, and not intrinsic or essential. The limits to which this "firm pressure" and these forcible efforts may be pushed appear to be, on the one hand, the amount of violence the woman can tolerate, and, on the other, the manual strength of her intellectual attendant. I speak of what I have seen, and, it may be, of what I have practiced. I can never forget the amount of violence offered to a uterus and abdomen (not to speak of tender endothelium) at my first case of labor in a lyingin hospital. The vivid remembrance of that occasion must bear the onus of inflicting this paper upon you. Cases that cannot be thus delivered are denominated "retained placenta;" and such retention is taught to be due to either hourglass contraction or organic growth to the uterine walls. As I have been unable to satisfy myself of having met more than two, if even so many, cases of true organic growth of the placenta to the uterus, and not even one instance of hourglass contraction in over half a thousand accouchements, I am obliged to consider the retention to be due in the great majority of cases to other factors. That cases of retention are fairly frequent, we are led to believe from the histories of patients, whose statements that the afterbirth was "grown fast" is by no means uncommon.

Meeting occasionally with cases of natural delivery, wherein nature is competent without any assistance from art, and, at

other times, with cases of "retained placentæ" under conditions apparently as favorable, I felt myself mystified when attempting to furnish an explanation for the difference, and when I was obliged to submit my patient to the risks of manual extraction for a placenta showing no trace of organic growth to the uterine walls, or any other condition accounting for such retention, I was far from feeling comfortable and satisfied.

If a careful palpation of uteri at this stage of labor be made, it will be found that they possess marked variations in form, Some are markedly irregular and bossed, while others are fairly uniform. These variations, so far as I am aware, have met with no interpretation; they are significant, however. Reflecting that the structures superimposing the placenta—viz., the abdominal and uterine walls—are uniform in thickness. I was forced to the conclusion that the variations are due to the position of the contained placenta, but in just what shape the placenta was I could for a long time form no proper idea. An observation that I had previously made, long before I could attach to it either diagnostic import or indication for treatment, has a bearing upon this point. It was to the effect that when blindly manipulating the uterus a la Crede, I was on a number of occasions almost startled by a sudden slipping or jerking within my hand, accompanied by a transformation of its contents, which was manifest to the patient as well, though not painfully, and delivery generally occured soon after without further solicitation. By degrees it began to dawn upon me that this slipping and transformation was a turning or version of the placenta upon its axis, similar in manner to the version of the fœtus at times. Further attention to these points showed that a certain rough relationship existed between the form (as felt through the abdominal walls) and the ease with which delivery was accomplished. When the uterus was fairly uniform and free from bossing, and elongated rather, nature was frequently competent, or but little difficulty was experienced by artificial methods; when the uterus was markedly bossed and irregular,

and broadened rather, more placental dystochia was present, or retained placentæ were obtained.

As before stated, I regarded these variations in shape to be due to the position of the contained placenta—in other words, to the relation of the placental axis to that of the uterus.

In order to have an intelligent conception of the placenta, it is necessary to examine one that has been delivered. It will be found to be possessed of an elliptical rather than a circular form, but it is not by virtue of this that we can speak of its having an axis, though doubtless this may occasionally be so. There will be revealed, also, deep sulci or furrows on its uterine surface, which surface, before the birth of the child, presents a convexity corresponding to the concavity of a segment of the uterus, against which it is in apposition. The sudden diminution consequent upon the expulsion of the child but completes a process of folding the placenta upon itself, already initiated by its previous convexity and sulci. It is with this folded placenta we have to do-folded it may be seen when emerging from the ostium vaginæ-folded it may be felt when passing through the os uteri, and folded it lies within the cavity of the uterus. It matters not whether it is folded equally or unequally—the practical consideration being that a more definite axis has been thereby given it, which passes, roughly speaking, through the points of reduplication of its edges, these points corresponding to the poles of the fœtus. Simply its relative length has been increased. We will now define the axis of the uterus to be in that diameter which passes from the center of the os to the center of the fundus.

If, now, within the cavity of the uterus, the placental axis, as previously defined, corresponds to the axis of the uterus as above given, we will have, as determined by abdominal palpation, a fairly uniform, somewhat globular and elongated form. This form, I have already remarked, obtains wherein nature is frequently competent, and wherein the least dystochia occurs—the reason is obvious. If, on the contrary, the axes do not correspond, we have more or less irregularity and bossing, as

the placental axis deviates from or approaches that of the uterus; the greatest deviation resulting in a "placental crossbirth," a condition much more frequently met with than fœtal cross-birth, owing to the antecedent disparity in size of container and contents, to the original site of implantation of the placenta, and the subsequent contractions of the uterus. In the condition referred to as placental cross-birth, the poles of the placenta do not present at the os and fundus, but at two opposite points midway between them. A relatively broad surface is thus in apposition with the os-too broad and too large for it to enter that opening, and any contractions occurring (which operate below the lower pole as well as above it) tend to imprison, rather than to expel, the placenta, until such times as a correspondence of axes has by whatever means occurred. In this we have the explanation for the cases of so-called retained placentæ, so common without trace of organic connection. This correspondence of axes is occasionally brought about by successive contractions indefinitely prolonged, but it is evidently the duty of the physician not to wait for the efforts of a partially exhausted organ, lest further efforts induce complete exhaustion and precipitate inertia and hemorrhage. When the axes correspond, or have been adjusted, a pole presents at the os, which uterine contractions now cause it to enter and readily dilate, by bringing into play the mechanical principles of the wedge. The blow or power being represented by the contractions, the wedge by the sloping pole of the placenta, and the resistance by the moderately contracted os.

My limited experience in this undeveloped field leads me to believe that it is possible, in the vast majority of cases, to diagnose the condition of placental cross-birth, and in cases of less axial obliquity to determine whether the upper pole is anterior or posterior, or right or left with the lower pole in a corresponding opposite position. Nor is the acquiring of this degree of refinement in palpation to be considered a feat of any comment, when slightly enlarged appendices and tubes are daily diagnosed and accurately mapped out, in abdomens hav-

ing nothing of the flaccidity that is present in the third stage of labor. Who of you will affirm it to be impossible to locate within the abdominal cavity a body having the dimensions of a folded placenta? I know, gentlemen, you have met with no difficulty in palpating the floating kidney, and I believe that when you have given this subject your serious attention, you will diagnose the position of the placenta much more rapidly than I can even speak of it. The projections or bosses correspond to, and are caused by, the poles of the placenta, which the hand, rapidly swept over the fundus uteri, deeply behind it, and over its lateral and front walls, readily detects. There is also a resistance at the poles, entirely different from that at other points, and the poles located, the position is determined. Some of you may object to this, and say if it be such a simple affair to diagnose the correllations of the placenta, why is it we do not apply the same method to determining the position of the child, instead of resorting to vaginal examination? Whoever of you has had a foetal cross-birth and has taken the trouble and care to examine the abdomen, will have been struck by the unusual form-so unusual, that inspection surmised the condition before palpation confirmed it. We are the slaves of habit, and are so accustomed to rely upon the vaginal examination that we have thrown over and lost sight of the really valuable evidence derivable from external methods of examination. The fact is, that in one of the largest German obstetric clinics no other method of examination than the external is permitted in labor.

The slipping and transformation that I have spoken of as occurring when blindly manipulating the uterus, and which I have interpreted as a version of the placenta on its axis, gave me hopes that it would be possible to perform version when desired, and so obviate recourse to the dangers of manual extraction in case of dystochia or retention. Now that we have an intelligent conception of the placenta (contained or retained), and can, in the vast majority of cases, approximately

determine its axis, its version or adjustment of axis presents but little difficulty.

Before attempting this, it is desirable to refer to the terms we shall use, viz: Placental cross-birth, placental obliquity, placental version; the latter being accomplished by three methods, viz: external, internal and combined or bipolar.

As external placental version is the method upon which reliance is placed, we will speak of it fully, and state that it is much more readily performed than fætal version, though much in a similar manner. We presume the hand has followed down the uterus after the expulsion of the child, has maintained its contraction, and, most of all, has determined the position of the placenta. Now, when the uterus announces, by instituting a pain or contraction, that its physiological rest is over, which has given time for blood coagulation to seal the mouths of the uterine sinuses, a period of from ten to twenty minutes after the delivery of the child, we wait for the interval, that is for the period when complete contraction is absent. In anteroposterior obliquity, we proceed by grasping the upper hemisphere of the uterus in either hand more convenient, pressing the fingers well down upon the posterior wall, while the thumb searches downward over the anterior surface. When the upper pole is anterior, the thumb pulls upward and backward on this projection, while the fingers press downward and forward on the lower pole, but without any pressure whatsoever, in the direction indicated by Credé. Should a contraction occur, it will be found expedient to desist and wait for another interval. Suddenly the slipping, the transformation is felt, and version has been accomplished. The pole, the point of reflection, the analogue of the wedge, enters the os, which the finger may now make out with some difficulty, covered as it may be with membranes containing clot or fluid. When the upper pole is posterior the manipulations are reversed. In obliquity, where the upper is lateral, right or left, the version appears to be more readily brought about by the two hands applied, one on each side over a pole, making proper pressure, which may also be

accomplished by one hand. Placental cross-birth is managed in an exactly similar manner. The combined or bipolar method of version appears to be indicated only on the rarest occasions when the external has failed; while corrective pressure is made over the fundus uteri (as already referred to in the external method) by one hand externally, the other makes moderate traction upon the cord. This appears to be a perfectly justifiable and harmless procedure, notwithstanding authoritative opinions to the contrary; and an interval also is the proper time for its exhibition. When turning is felt to have occurred, we must immediately desist. A battledore implantation of the cord on the lower pole, when posterior or lateral, suggests its propriety and success; but, if on the upper pole, when anterior especially, it would have the tendency to diverge the axis and increase the dystochia, a condition actually brought about in practice at times. Internal version is simply manual extraction, so seldom to be used as only to require mentioning, in a classification of methods, as a last serious resort when former methods have failed, organic growth exists, or hemorrhage necessitates.

Now that the axis or poles have been adjusted, uterine contractions, reinforced at times by slight assistance, are sufficient to produce expulsion, if all the other factors are favorable, but it is essential that we ascertain this. In the nongravid state the uterine axis does not normally correspond with the axis of the vagina, but subtends it an angle. In the gravid state this anteversion, if I may term it, is frequently exaggerated by the weight of the child acting on a lax abdominal parietes, and also by the downward pressure of the diaphragm during the last powerful pains when the child is emerging. The relatively large size of the feetal head or breech, has the effect of obliterating this angle, and rendering for the time being the parturient canal straight. But the placenta, unable from its size to effect this, has its point of apposition on the sacrum—a solid body which opposes its progress-instead of into the lumen of the vagina, its destination. It is evidently to our advantage to adjust these axes as well, by lifting the fundus uteri and deeply depressing it into the abdomen. We will now expect, and are generally not disappointed in finding, the next or succeeding pain effect delivery, aided, only occasionally, by the slightest amount of pressure upon the upper hemisphere of the uterus, which is to be applied, not in an interval, as was the version, but during a pain. The pressure, even at this favorable stage, is not to be made according to Credé's dictum, "downward and backward in the axis of the pelvic brim," as that would move placenta and uterus en masse, without liberating the former. The pressure should be of a compressive nature, as it is by virtue of the resultant of this compound force that the placenta is propelled, while the womb remains behind in the grasp of the hand.

The sudden diminution in size of the womb, as elicited by the hand, announces that the placenta is expelled, which may be found in the vagina, protruding therefrom, or lying in the bed, with membranes born or unborn. Instead of proceeding to deliver these at once, we wait for uterine relaxation. As the factor of the relation of the placenta to other bodies is over, and a soft, almost fluid body as the membranes, being practically without an axis, we might consider we had nothing more to do than to twist them into a rope. Of much greater consequence is it to maintain the fundus uteri well down into the abdomen so as to render the canal as straight as possible, for the os has closed down to the size of a silver half dollar, and intrauterum, the membranes are spread out over its lower surface, after the manner of a fan. Considerable adhesion exists between these moist surfaces, which requires some little force to separate, and this force is applied at a disadvantage when acting at angle. Simply hooking the fingers under the membranes is sufficient in the majority of cases, if uterine adjustment be maintained; but twisting them into a rope is a valuable device for preventing tearing.

We are now in a position to understand the incidental success of the Credé method, since (a) such blind manipula-

tions, from themselves, occasionally produce version; (b) uterine contractions, from internal stimulation, produce version; (c) uterine contractions, from external stimulation, directly or indirectly, through the hypogastric sympathetic plexus, produce version. Retentions are common, which cannot be accounted for on the grounds of hourglass contraction or organic connection. This is, I believe, the rational method of delivering the placenta, and I hold that forcible expression, as it is now largely practiced, should have no place in the methods of the modern physician; since the obstacles which these forcible efforts are put forth to surmount and are more surely, more readily, and more painlessly removed by axis adjustment.—

Medical Record.

Death of Professor Huxley.

Thomas H. Huxley, the great English biologist, died at Eastbourne on June 29. "His death," says the New York Recorder, "removes another, and almost the last remaining, of the great group of Englishmen of science by whom the reign of Victoria in its latter part has been filled with aggressive rationalism. Darwin, Tyndall, Huxley and Spencer are the four names around which scientific skepticism has rallied and acquired a popular vogue in England. Only Herbert Spencer now remains among the living." The following brief sketch of Professor Huxley's career is given in the New York Times:

"Thomas Henry Huxley was born at Ealing, in Middlesex, England, May 4, 1825. He went for two years and a half to the semipublic school, of which his father was a master, but his education was carried on at home principally. In 1842 he went to the medical school attached to the Charing Cross Hospital. In 1845 he passed the first M. B. examination at the University of London, and was placed second in the list of honors for anatomy and physiology.

"He had some experience of the duties of his profession among the poor of London before joining, in 1846, the medical service of the Royal Navy. He was attached to Haslar Hospital. There he was selected, through the influence of Sir John Richardson, to be assistant surgeon to H. M. S. Rattlesnake. The ship was commanded by Captain Owen Stanley. It surveyed the inner route within the Barrier Reef, and the east coast of Australia and New Guinea. It returned to England in November, 1850. During this period Huxley investigated the fauna of the seas, and sent to the Royal Society several communications about them which made him famous.

"In 1853 he left the naval service, and a year later became professor of natural history at Edinburgh. From 1863 to 1869 he was Hunterian professor at the Royal College of Surgeons. He was twice chosen Fullerian professor of physiology at the Royal Institution of Great Britain. In 1869 and 1870 he was president of the geological society, having previously served as secretary. During the same period he was president of the ethnological society. In 1870 he filled the office of president of the British Association for the Advancement of Science. He was elected a corresponding member of the Academies of Berlin, Munich, St. Petersburg, and other foreign scientific societies. He received honorary degrees from several universities. He was a member of the London school board from 1870 to 1872. He was elected lord rector of the University of Aberdeen in 1872. He became a trustee of the British Museum and a member of the Senate of the University of London. There were no honors in the gift of nations to men of science which did not come naturally to him. He refused recently the decoration of Germany, because it was the gift of an emperor,"

Speaking of his work and scientific rank, the New York Sun says:

"By his individual work in his special department of science, biology, Professor Huxley made important additions to the facts and truths gathered by Darwin from his observations of animals and plants, by Tyndall from his researches in physics, and by Mr. Spencer from his studies in sociology, and upon which, collectively considered, the doctrine of evolution is

based. It was, of course, his contributions to exact knowledge in the particular field of biological investigation that caused him to be elected president of the Royal Society. But he was honored by scores of thousands who were unacquainted with the value of his achievements in the line of strictly scientific inquiry, but who could appreciate the admirable clearness of his expositions and the animation and the vigor of his controversial writings. No Englishman of his time, not even Mr. Spencer, has combined with scientific competence such remarkable literary gifts, nor has any other man done so much to popularize the discoveries, conclusions and surmises of science throughout the English-speaking world. He has done for England in the last half of the nineteeth century what Voltaire did for France in the last half of the eighteenth; he has been the great expounder of the drift of philosophical opinion, the chief interpreter of the nonreligious thought of his day. * * There is no doubt that he accomplished a marvelous work in the diffusion of the winnowed and digested results of scientific research. When we contrast the reception given in England to Darwin's 'Origin of Species' less than forty years ago with the actual or recent approach to predominance of the doctrine of evolution among educated men, we can measure the tremendous force of the propagandist agencies which have been operative in the interval. It is no disparagement of his coadjutors to say that Thomas Henry Huxley was the most conspicuous dynamic factor in that amazing transformation of opinion."

Smallpox in a Negro Colony.

An attempt was recently made to colonize a body of negroes from the Southern States in Mexico, but it was unsuccessful. Smallpox broke out among the colonists, and those now returning to this country are detained in quarantine at Eagle Pass. Nearly 400 are detained there, and of these 120 are in hospital, suffering from smallpox. The number of deaths averages five a day.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

NOVEMBER, 1895.

NUMBER 5.

Medical Hociety Papers.

Acute Appendicitis, with Report of Cases.

BY JNO. M. MAURY, M. D., MEMPHIS, TENN.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

Mr. President and Gentlemen:

Every age gives instances of men who live ahead of their times and forecast the transpiration of events, which as years go by are slowly evolved and firmly established by the more patient plodding of their less brilliant followers.

Thus it was with Mellier, who in 1827 published a report of four cases; three of perforative and one of relapsing appendicitis; with the remark, that if he could but be certain of his diagnosis, he could cure his patients by operating upon them.

With his limited experience he foresaw possibilities it has taken nearly seventy years to establish. By the efforts of operating surgeons, during the last ten years, the diagnosis has been simplified by practically eliminating typhlitis, and peri and para typhlitis, and fixing upon the vermiform appendix as at least the primary seat of 98 per cent of all inflammatory diseases about the head of the colon. Advance has also been made in

the ætiology of the disease. Causes such as foreign bodies are now considered as merely assistants to micro-organisms, by carrying the infectious agent, and by wounding the mucous lining and thus furnishing points of entrance for the infection.

The ability of the bacillus coli communis, whose natural habitat is in the intestine, to take on a pyogenetic action has been undisputably proved, and in most cases of appendicitis which have been examined bacteriologically the colon bacillus has been found either in pure culture or mixed with the true pyogenic organisms.

In twenty-seven cases examined by Hodenpyl, twenty-five gave pure cultures of the colon bacillus and one gave in addition the streptococcus pyogenes.

Perforation does not seem necessary for the invasion of the surrounding tissues by this organism; for in many cases in which there was no perforation, cultures made from the serous surface of the appendix and surrounding peritoneum showed the presence of the colon bacillus.

Appendicitis may exist in either the acute or chronic form, but as I intend to speak only of the former the latter is mentioned only to define it. Some writers speak of the relapsing form, but as this consists only of a series of acute attacks, with a longer or shorter interval of complete immunity, I see no reason for the multiplication of terms. In the chronic form the disease does not disappear. Tenderness can always be elicited by pressure. In the acute form the severity of the attack may vary from a mild inflammation of the mucous and submucous lining to rapid gangrene of the whole organ. There may be ulceration without perforation; perforation with the formation of an abscess; abscess formation without perforation; or a general or localized septic peritonitis with or without perforation. The cardinal symptoms of acute appendicitis are pain, nausea and more or less rise of temperature. One or more of a number

of other symptoms may be present to aid in the diagnosis, but without these three I would hesitate to make a diagnosis of appendicitis.

The onset of pain is usually sudden when the patient is feeling well or but slightly indisposed. It must not of necessity be located in the region of the appendix; in fact the most common location of the pain, for the first few hours, is in the epigastrium or around the umbilicus, though even at that time pressure over the appendix elicits tenderness. It is at first paroxysmal, becoming later continuous, with exacerbations.

The rise of temperature may be only the fraction of a degree, but even this must be considered. The nausea may or may not be accompanied with vomiting, and may be present only during the first few hours of the disease, and may not be increased by the ingestion of food. The vomited matter is first the stomach contents, then bilious matter and later, in some cases, the contents of the intestine.

Other symptoms which may be present are constipation, diarrhoa, tympanites, tumor in the right iliac region, resistance of the abdominal muscles of the right side to pressure, flexion of the right thigh, increased pulse rate, and increased rapidity of respiration. On the contrary one or all of these secondary symptoms may be absent; and when present are but confirmatory evidence in support of the cardinal symptoms.

A most curious fact is the disproportion which may exist between the symptoms and the severity of the pathological condition.

The only symptom which can be relied upon as being in any way proportionate to the local lesion is the tenderness on pressure. If the tenderness is extreme, the intensity of the inflammation is in all probability great.

• This was particularly well illustrated in one of my cases. His symptoms were slight, his temperature and pulse moderate, nausea and vomiting had ceased, and there was very little pain. On the night before operation he even got out of bed several times and walked across the room for water; yet he could not bear the slightest pressure over the appendix. At the operation a gangrenous appendix was removed.

That the diagnosis is not always as easy in practice as in theory, is attested by the long list of diseases with which it has been confounded. In this list are indigestion, pneumonia and diaphragmatic pleurisy, rupture of the gall bladder, hepatic and renal colic, floating kidney, intestinal obstruction, dropsy and empyema of the gall bladder, extra-uterine pregnancy, hip-joint disease and typhoid fever. In one of my cases the diagnosis could not be made between appendicitis and a rupture of the ureter, with peritonitis, from a renal calculus.

In another case, in which I assisted Dr. R. B. Maury, the abdomen was opened with the expectation of finding a diseased appendix, but instead a gall bladder reaching below the omphalo-spinous line was opened and some eighty gall stones removed.

Thus far, in the study of the disease, physicians and surgeons are entirely in accord; but there are points concerning the treatment which are still under discussion.

The chief of these are, first, which cases should be operated upon and, second, when should they be operated upon?

The first question may be answered by saying that all cases should be operated upon in which a septic accumulation, be it serous or purulent, has formed, or will form; for I take it no one can object to the draining of a septic fluid from the peritoneal cavity or elsewhere in the body. Thus, theoretically, the question can be easily settled; but see how difficult the practical side is. Except when death is at hand, what symptom or group of symptoms can be relied upon to guide us to a knowledge of the presence of this septic accumulation?

Only one of the five senses, with which man is endowed, can be of service to him here. It is only by opening the abdomen and seeing the parts that the true condition can be appreciated. I have demonstrated perforation and pus formation thirty hours after the onset of the disease and from the course of the attack it was but reasonable to think that the first symptom was caused by the escape of intestinal contents into the peritoneal cavity.

This, with many other such cases, teaches us that time cannot be relied upon as a prognostic factor. No matter how mild the symptoms, how can we determine that the appendix is not converted into a putrid cyst, ready at any moment to break and scatter its contents into the peritoneal cavity. Perhaps we have all been of the opinion that our cases which have recovered without operation, have been of the catarrhal form. Yet Murphy tells us that 83 per cent of the cases which recover without operation, go on to the formation of an abscess which ruptures into the bowel. Can we say which case will rupture into the bowel and which into the peritoneal cavity to cause a fatal septic peritonitis? Since we cannot be certain of the condition within the abdomen, is it not only fair that we give the patient the benefit of the doubt? That operation is giving the patient the benefit of the doubt can be proved by the fact that in operations done before the formation of a septic accumulation, the mortality should be only 2 per cent, the same as from internal urethrotomy; and if done after the formation of a septic accumulation, there can be no possible doubt of the propriety of the operation.

I do not deny that many cases recover, but how many remain well? The predisposition to subsequent attacks, after one attack, is beyond question; and after recovering from one attack, or twenty, is not the patient more liable to an attack which may prove fatal? How can we remove doubts without removing the appendix?

The question, when to operate, resolves itself into whether we should operate early, when the patient is in good condition and the septic infection mild—in brief when the chances of recovery are 98 per cent in his favor; or wait for perforation, abscess, or gangrene, and rely upon the intervention of a divine providence to save the patient's life.

In my experience with the disease, personal as well as in the hands of others, I have never seen a death which was not due to a delay that could and should have been avoided; and for my own part would rather accept the many chances of recovery with early operation, than the few when operated upon later.

As a rule then, which, however, has exceptions, I would say operate as soon as a diagnosis had been made and the bowels moved. In some cases the bowels cannot be moved, and too much time need not be spent in the effort.

We all see, in private practice, individuals with little stamina, mental or physical—women usually who are nervous wrecks and bad subjects for any surgical work. In these cases delay may be advisable.

Again, in subjects with extreme obesity it may be, for obvious reasons, well to delay unless the symptoms are urgent.

The cases which I have to report are five in number. The first a female, white, age 26, who had been a dyspeptic for years, was suddenly seized in the night with pain and vomiting. The pain which was at first over the whole abdomen, settled after a few hours in the right iliac fossa. Temperature 99 degrees. After the bowels moved all symptoms subsided except tenderness, which remained in the appendix region for a week. As the attack was so manifestly over as soon as the bowels moved, it was deemed best to postpone operating until all acute inflammatory processes were over, because by doing so drainage could be dispensed with and thus convalescence shortened one

or two weeks and the liability to hernia lessened. Accordingly three weeks later the appendix was removed. It was found contracted, stiffened by inflammatory induration, and presented upon its surface the remains of inflammatory adhesions.

The wound was closed without drainage, and her recovery was uneventful.

Case 2. Male, white, 15 years of age, was treated by me six months previously for the same trouble but refused operation.

On November 6, 1894, after a 4 mile walk was seized with pain and vomiting. Temperature 99½ degrees. Pain and nausea continued all of the following day though bowels had been well moved.

Operation November 8. The appendix was found curled in a half circle and closely fastened to the floor of the iliac fossa by a contracted meso appendicitis—a result of the previous attack. The meso appendix was so short the vessels had to be tied after cutting through it. Because of adhesions, gauze and rubber tubing was employed for drainage.

The appendix was 4 inches in length, three times the normal diameter, and quite stiff from the organization of inflammatory products.

Case 3. Male, white, age 27. After a week's indisposition ascribed to indigestion, was in the afternoon of Sunday, June 10, seized with pain in the abdomen, starting in the region of the right kidney and running down in the line of the ureter to the bladder. The pains were at first intermittent and each paroxysm accompanied with vesicle tenesmus.

The urine was highly colored, and, according to his physician's statement, on two occasions contained blood, though no microscopical examination was made. For the first few days the temperature was not over 100 degrees. Vomiting was not a marked symptom until several days later. This condition continued for three days when the symptoms abated and the

patient thinking himself well got up on the fourth day. On the evening of the fourth day the pain returned and vomiting commenced.

On Thursday the belly was swollen and the temperature rose to 100°. Vomiting continued and on Friday became stercoraceous. When I saw the patient, early Sunday morning, his skin was yellow; abdomen uniformly swollen and boardlike; temperature 102°, pulse 120. No tumor could be made out in the appendix region. By the time preparations were completed for operating, the pulse had gone to 130 and the temperature to 103°. Not being able to make a clear diagnosis the incision was made in the median line. As soon as the peritoneum was cut through, a flow of pus, bringing into the wound the appendix, revealed the true nature of the trouble.

Being 15 miles in the country, and wholly unprepared for surgical work, having nothing but a pocket case of instruments, I cleaned the abscess cavity as well as I could, packed it with gauze and put the patient to bed. He died eight hours later.

The abscess cavity was very extensive, reaching from the right iliac crest to the left of the median line and going down into the pelvis between bladder and rectum. The appendix was 1½ inches long and contained one large and two small perforations.

Case 4. Male; white; age 32. Had an attack of appendicitis two years ago. Early one Saturday morning was seized with pain and vomiting. No tumor could be felt, but tenderness over the appendix was quite marked. All efforts to move the bowels were unsuccessful. Pulse 112, temperature 99½. When operated upon thirty hours after the onset of symptoms the appendix was found pointing downwards to the bladder and surrounded with pus. Perforation had taken place at the juncture of the appendix and cœcum. The opening was as large as the end of the little finger and was plugged with a fecal con-

cretion. It was so situated that to remove the perforation with the appendix the lower end of the cocum also would have had to be removed. This would have necessitated careful stitching, and as time was a matter of importance, the appendix was ligated as high up as possible and the perforation closed with sutures. The abscess cavity was irrigated and gauze packed in it around a rubber drainage tube. The wound was entirely healed in five weeks. Only the upper half of the appendix seemed diseased, the lower half except for some injection of the peritoneal coat looking perfectly natural.

Case 5. White; male; age 40 years. On the night of November 2, 1894, was seized with pain and vomiting, which continued till November 4, when he consulted a physician. When I saw him on the afternoon of the 4th the nausea had ceased, all efforts to move the bowels had been without success. Tenderness over the appendix was extreme, though when quiet he had but little pain. Temperature 101°, pulse 100.

Next morning a gangrenous appendix, much enlarged and surrounded by a greenish, very offensive, watery fluid, was removed.

For several days there was a moderate rise of temperature, otherwise his convalescence was without event.

The appendix was almost pultaceous, 3 inches in length, as large as the index finger, and dotted all over with small, suppurating, focil.

DISCUSSION.

Dr. J. A. Dibrell, Jr. Mr. Chairman—I wish to commend the paper read by Dr. Maury, of Memphis, and his position also, for I believe he is right. I have for years, in this society and elsewhere, advocated early operative interference in appendicitis. I have come to this conclusion from many sad experiences, having seen many valuable lives lost through procrastination and delay. The general trend of advanced professional thought is in favor of early operations.

The man, woman or child who has this disease is in a perilous condition. The operation for its relief is not in itself dangerous, provided it be properly done. The disease is rapidly destructive, almost beyond belief. Fifty per cent of the cases of this disease get well under the expectant plan of treatment, or no treatment at all. I believe that fully 95 per cent would recover under operation if the work be done before irreparable damage has already been done.

Every physician ought to be able to perform this operation. Clean hands and clean instruments, and an ordinary amount of anatomical and surgical knowledge only is required, if the work is done before formidable complications arise.

Our means of determining the exact condition in a given case are faulty. The most dangerous cases are often those in which no characteristic symptoms are manifested until the patient is beyond the reach of medical or surgical aid. A small concretion working its way by ulceration through the appendix, may produce no noticeable symptoms until perforation has occurred, then the work of destruction is rapid and fatal.

Dr. Hutchinson. Mr. Chairman—I wish to say a few words in advocacy of not only the propriety, but of the expediency of surgical interference in cases of undoubted or recurrent appendicitis.

Some three or four years since a gentleman, aged some 30 years, came under my treatment who was suffering from most acute pain in the region of the appendix. My diagnosis was acute appendicitis. The history of the case was as follows: For the period of some two years previous to the date of the case coming under my observation, the patient had been suffering at intervals of a few months or weeks with severe paroxysms of pain in the right iliac region, being confined to his bed for a period varying from a few days to a few weeks; but with opiates and palliative treatment he had recovered sufficient to be able to sit about, but not capable of resuming his usual

avocation. When I was called to see him, he had been but a few days from the treatment of other physicians for the same trouble. In addition to the acute pain from which he was suffering when I first saw him, there was some tympanites with extreme tenderness in region referred to, and fever. I gave him enemata, cathartics, hot local applications and the usual routine of palliatives, opiates, etc. He improved slowly and in some two or three weeks was able to be about.

He was possessed of sufficient means to enable him to command the best of treatment and I advised him to go to some city hospital and have an operation performed. He decided to do so and his friends took him to St. Louis, where I believe he consulted Dr. Mudd; but at this time, owing I presume to his journey, he suffered another attack from his old trouble. Dr. Mudd declined to operate then, gave him treatment until he was able to be removed again, the doctor saying to him, he would operate if he should have a subsequent attack. The patient was then removed to his friends in the country some hundred miles from the city. In a short time he suffered from relapse; was removed to the city and the doctor then removed a diseased appendix. The patient made a good recovery and has had no more trouble since.

Dr. R. B. Christian: Mr. Chairman, I have listened with a great deal of interest to the papers that have been read, and to the discussions that followed on the subject of appendicitis. I was sorry that the two cases presented by Dr. Watkins, in which he operated, terminated fatally. He admits that the golden opportunity for operation had passed. It seems to me, sir, from these cases and from the remarks of that gentleman, who advocates operative procedure for this disease, that there is a point in its progress when it is unsafe to operate—when the operation will prove unsuccessful. Now, if after this point in the disease is reached, when too late to operate without a strong probability of hastening the patient's death thereby, why should, under

such unfavorable circumstances, the operation be performed? It seems to me that there is room right here for the exercise of good judgment and a great deal of discretion, and that there ought to be a line of demarcation between the time when an operation is justifiable and will produce good results, and the time when it is useless and will either cause or hasten death. I am not entirely opposed to this operation, but I do not believe that every case of localized pain in the abdomen, or every case of positively determined appendicitis even, should be operated upon. There are a great many cases where the symptoms very clearly indicate the existence of the disease, and yet these cases recover without this operation I think there is a difference in degree and kind in appendicitis-some cases where operative measures are clearly called for, and others that do not require the operation. A great deal of discretion should be practiced, and before surgical interference is determined upon due regard should be had to the degree, extent, and general features and surroundings of the case.

Dr. Prather. The importance of the papers by Doctors Maury, Dibrell and Watkins is too great to pass them without discussion. I call attention to three points only. The danger of producing general peritonitis and death by doing more than to open and drain in that class of cases in which the inflamed or perforated appendix has become encysted by plastic lymph -nature's method of limiting the destructive process. The second is the bad effect of flushing the abdominal cavity with hot water to clean it of pus or blood, rather than to use the sterilized gauze for that purpose. The third is the advisability of removing the uterus with pus tubes and ovaries in cases of gonorrhœal infection like the case reported by Doctor J. A. Dibrell, Jr. Drainage is secured and the dangers of septic conditions later on reduced to a minimum and the patient is as well off without the uterus as with it. The report of his case is evidence of the correctness of the position taken.

Cancer of the Pancreas.

BY E. G. EPLER, M. D., FORT SMITH.

[Read in the Section on Practice of Medicine at the Twentieth Annual Session of the Arkansas Medical Society.]

The specimen I present here is a tumor of the tail end of the pancreas and the spleen of a negro.

The man, of about 40 years of age, had been a hard drinker. Six months before death he had had a severe attack of vomiting of blood, later he suffered from a continued fever. He had not fully recovered from the effects of the fever when he was assailed by footpads, knocked down and robbed. A rough gash about 1 1/2 inches long was cut in the forehead just above the nose down to the bone; no fracture of the skull. Next day he vomited blood. This was repeated frequently until he died from exhaustion five days later. Doctor Thomas, his attending physician, made a partial post mortem, removing the stomach, part of the pancreas and spleen. The parts were brought to me for examination. I found the stomach to contain a small quantity of ropy, bloody slime. The mucosa was deeply congested, a number of minute ulcerations were observed. The head of the pancreas had been torn from the remainder of the organ and left in the body. The remainder was a firm lobular mass, smooth and not attached to other parts excepting the spleen. By pressure this organ had been eroded so that the pancreatic tumor was to a great extent encapsulated. The tumor was removed from the spleen by gentle force. Though somewhat enlarged the spleen presented no appearance of infiltration, the erosion had been so great the larger blood vessels of the spleen were exposed. The tumor has the appearance of a scirrhus cancer.

Sections under the microscope exhibit all the peculiarities of such a growth. They do more; they show plainly the progressive steps of the disease from almost the normal to the characteristic structure of a fully developed scirrhus cancer.

In one part the cells of the secretory epithelium, pyramidal and nucleated, may be seen arranged in rows with their bases upon a supporting or limiting layer of fibrous tissue, such as may be seen in sections of the normal gland. In another place the lumen of a cross-cut tube appears occluded by the same kind of cells. Generally, however, the normal structure is quite destroyed. The epithelial elements are found massed together in groups. They appear more or less distorted, flattened or rounded by reason of unusual pressure and abnormal surroundings. The normal connective tissue of the part is greatly hypertrophied, constituting the stroma of the cancer. Thus then these sections not only show the characteristic structure of cancer, but also plainly show the origin of the elements constituting the tumor. A pertinent and at present unanswerable question is why should the epithelial and connective tissue cells sprout out as it were and develop such an abnormal structure? Some may say by reason of heredity, others irritation, others specific microbes.

Certain observers have noticed in a variety of cancers the presence of peculiar bodies that have been allied to the *coccidium oviforme* found in the livers of rabbits and therefore believe carcinosis to be a coccidiosis. These elements supposed to be sporozoa are best demonstrated by safranine and picric acid staining of sections of tumors hardened in Flemming's solution. The peculiar structure is found in the nucleus of the cancer cell, or having been developed in size supplanting the nucleus. It is also found between the cells.

Professor Gibbes, of Ann Arbor, Mich., and Professor Ahlmacher, of Cleveland, maintain that these objects are not true sporozoa, but simply tissue altered by the means employed in fixing, hardening and staining, mere artefacts created by the hand of the microscopist. Others hold that though true sporozoa these peculiar cell enclosures are but an example of

symbiosis with epithelium and bear no causative relation to carcinoma.

By staining sections according to the prescribed methods I have been able to find similar bodies within and without the epithelial cells. They are certainly intruders and worthy of careful study.

Section 104. Nucleus stain haematoxylin, counter stain eosin, shows the general structure of the tumor.

Section 108 is from a different part of the growth, and shows some of the tubules in cross or oblique section in nearly a normal condition, the pyramidal cells remaining in line with their bases planted upon the submucous connective tissue, others in a more advanced stage of disease with the lumen of the tube occluded by the aberrant epithelial cells, the so-called cancer cells; other parts show the fully developed cancerous tissue.

Staining fuchsine, No. 106, is a section from a piece of the tumor hardened in Flemming's solution, stained with safranine and picric acid. It shows a number of cell enclosures of varying size and similar bodies in the intercellular spaces which answer to the description of the so-called sporozoa. What they are, how they got there and what effect they have had in bringing about the growth of this tumor I know not. There they are though for your inspection.

In conclusion I will say that as in this case tumors of the pancreas are generally found by accident upon *post mortem* examination and are not recognized during life. What influence this tumor may have had on the man is a matter of conjecture.

Upon examining the head the wound was found nearly healed. It extended to the skull. No fracture or indentation of the bone was found. The brain and its membranes were quite anæmic, otherwise normal. Other viscera were not examined. The shock incident to the assault had an evil effect on the man and possibly gave rise to vomiting, which in turn caused the fatal hemorrhage.

Hip Disease.

BY W. B. DEFFENBAUGH, M. D., PARIS, ARK.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

In the consideration of my subject to-day I shall confine myself almost entirely to the early treatment, only calling your attention to a few of the earlier symptoms and so much of the anatomy of the joint, as I deem necessary to a proper understanding of correct principles of treatment.

I speak of the *earlier* symptoms on account of the importance of the *earliest* treatment.

In the typical variety the first symptom that usually attracts our attention is a slight limp in walking. Of so much importance do I consider this symptom that I think every child, who walks lame without obvious apparent cause, should be carefully examined. The trouble is little and the reward great if you succeed in detecting the disease thus early.

I recall the case of a lad who used to pass my home on his way to the public school. I noticed him walking with a slight limp. At first I thought nothing of it, but as the limping continued from day to day, and I remembered his father having had a tubercular osteitis in his youth, I thought of hip disease. I asked the father as to the boy's health. He replied: "Lately he (the boy) didn't sleep well at night; he would sometimes cry out in his sleep, but as he seemed well in daytime he paid but little attention to it; thought, perhaps, it was worms." My suspicions increased. I asked to examine the boy—I was the family physician—when I found a well marked case of incipient hip disease. The boy was stopped from school and proper treatment given, and to-day, two years later, he is a healthy, happy lad—no lameness and no deformity.

l narrate this case as it shows the good results of proper treatment early applied, before much local damage is done, and before the health has given away from the combined influence of pain, sleeplessness and fever. It illustrates, too, what may be done in a — shall I say small minority? No; possibly in a majority of cases. I opine that it was a succession of cases like this which induced "the late Mr. Syme, of Edinburgh, to declare that he could cure any case of hip disease by putting to bed for six weeks and fixing the joint with a long Liston splint." (Ashurst Int. Clin.)

Your attention then being attracted by this limping, if you will observe closely you will see that the patient walks on the toes of the afflicted side and rather stiff-legged. There is a disinclination to allow of any movements at the hip joint. When standing they are apt to stand on the well member in order to favor the lame one. To properly examine these patients they should be placed upon a table or on the floor. When placed upon a table you will see that the same relative position is maintained between the body and limb as when standing; that is, a degree of rigid flexion at the hip joint.

If you will turn the patient on the back and try to straighten the limb by pressing it down on the table, a tilting of the pelvis occurs, causing an arching of the spine upwards so as to produce a hollow in the small of the back, viewing it from the side. Again, if the thigh be strongly flexed on the abdomen a tilting of the pelvis occurs upward. Extreme motion in any direction, as extension, flexion, abduction, adduction and circumduction, causes pain. Pressure of the joint surfaces together causes pain. Location of pain, except that caused by the various movements, it should be remembered, is often misleading. I recall with humiliation, even yet, splinting the knee of my first patient.

The diagnosis, only to be doubted in the very incipiency of the disease, having been made, what of the treatment?

First give a good, general bath and put to bed. Give

rest, absolute rest, so far as possible to the inflamed joint. Rest to the inflamed joint cannot be obtained so long as the strong muscles controlling the actions of the joint are left free to answer the call of the irritated nerves.

Putting to bed is not sufficient, traction in addition is also necessary, and distraction of the joint surfaces. To the question "is it possible to separate the joint surfaces in all cases" I would answer "yes, before ankylosis has taken place, and even then if the ankylosis be recent and slight." To the further question "how," I would answer negatively by saying "not by traction applied along the axis of the body. A reference to this innominate bone and femur may assist us at this point, You observe that the bones of the pelvis are wide across laterally, so that the femoral joint is situated without a line drawn parallel through the body to the feet. The attachments of the major portion of the muscles which control this joint are internal to the joint and much within the angle of the femur at the junction of the shaft and neck. Motor force, like other manifestations of force, such as light, heat and gravity, is transmitted along straight lines. A familiar illustration: The horse in harness when standing allows his traces to swag, but as soon as he starts—force being transmitted along straight lines—the trace is straightened and approximates, if it does not assume -according to the amount of force applied - a straight line between the singletree, the attachment to the point of resistance, and the hames, the attachment to the force applied. Now, applying this law of physics to this case, when I pull on this femur along the axis of the body, this innominate, being in a state of rest, I put the muscles controlling the movements of this joint on the stretch, and in so doing they approach to an imaginary straight line drawn from the point of resistance, which in this case is the attachment of the muscles to the innominate bone, and my traction force at the foot. Result: The pressure is transferred from the upper part of the acetabu-

lum to the lower. In the case of the ligaments this is perhaps even more manifest. There are five ligaments connecting these joint surfaces together, three of which it is necessary to study a little, as their attachments are of the utmost importance in regard to the treatment. The capsular is a strong, dense, ligamentous capsule, embracing the margin of the acetabulum above and surrounding the neck of the femur below. It is much thicker at the upper and fore part of the joint, where the greatest amount of resistance is required, than below and internally, where it is thin, loose and longer than in any other part'' (Gray). Thicker at the upper and fore part in order to offer resistance in an upward direction, as in standing, jumping, etc.; it is equally strong to offer resistance in a downward direction, as in pulling. Please notice the attachment to the acetabulum is on a plane internal to the attachment to the femur. By way of digression I would state that the flexion and abduction in the second stage is in order to equalize joint pressure between this strong and shorter part of this ligament at the upper and fore part, and the thin, loose and longer part below and internally. The teres is attached to the margin of the notch at the bottom of the acetabulum and to the depression at the end of the femur. The transverse crosses this notch at the bottom of the acetabulum, converting it into a foramen through which the foramen passes a branch of the obturator artery to the teres, and a branch of the internal circumflex to the head of the femur. Please bear this arrangement in mind, keeping in mind now the attachments of these ligaments to the bones; if I pull on this femur in the axis of the body what do I? I put this strong, dense ligamentous membrane (capsular ligament) on the stretch when the muscular force is overcome, and remembering now that force is transmitted along straight lines between the point of resistance and the point at which force is applied, this ligament has a tendency to approach that line, what then is the result? The pressure is transferred from the upper to the lower part of the acetabulum and will be in ratio to the force applied. If I pull with much force I produce much pressure, and gentle pull gentle pressure. I desire to emphasize this fact for all the treatment I have seen used and heard advocated, where traction was applied it was made along the axis of the body. The good to be obtained by traction then as at present in general use, is in relieving muscular spasm and substituting a continuous pressure for an intermittent one and limiting motion in the joint. If the diseased focus was situated in the upper part of the acetabulum or the upper part of the head of the femur there may be separation of the joint surfaces at that part, but it necessarily transfers it to the lower part of the acetabulum. This would not be desirable in inflammation at this point. One other result might be produced rather untoward in its effects, i. e., pressure on the transverse ligament crowding it down upon the nutrient arteries supplying the part impeding or possibly completely interfering with their circulation, thereby very seriously impairing the nutrition of an already partially devitalized part. That notch at the lower and the normal pressure at the upper part of the acetabulum is a beautiful illustration of divine wisdom in the construction of this joint. I have dwelt perhaps unduly on this anatomical arrangement of the joint, but it is the basis of the treatment advocated and that must be my excuse.

Now the application. I have here a small rough model of a stretcher splint made from a description given by Doctor A. J. Steele, of St. Louis, in the St. Louis *Courier of Medicine* for May, 1890. Since commencing its use I have added this extra upright piece for the lateral traction. I hereby make acknowledgments to Doctor Steele for many good suggestions in the use of this splint. In presenting this splint and showing my decided preference for it I am aware that I am open to the suspicion of being unable to adapt myself to the application of others; I am willing to be so placed.

The reason for my preference for this splint is that it enables one to make a lateral traction, *i. e.*, in the axis of the joint as well as a longitudinal while others I have seen do not. They all do this to some extent on account of a tilting of the pelvis which allows the joint to be brought to a lower angle but not sufficient to pull in the proper angle.

The splint is made of bar iron or steel 1/4 by I inch or 1/4 by 11/4 inches according to the weight of the patient. It is made in the shape of an oblong square 2 or 3 inches longer than the patient and I inch wider than across the patient's shoulders. The pieces are riveted or welded together at the ends. An upright piece bent at a right angle or in a curve and sufficiently high to allow attachments of the traction cord from the leg to it in the direction in which the limb is placed, with the lumbar curve obliterated, is fastened to the foot piece near the end on the side of the affected member. Another piece sufficiently high and long enough to arch across the body is fastened to the frame on the affected side of the patient at such point on the frame that the arch will cross patient's hips. Another piece a little longer than the thickness through the patient's thigh is attached to the frame at a point a little below the joint also on the affected side.

The frame should then be varnished and covered with a roller bandage to keep it from rusting. Then the frame is covered with two pieces of strong ducking the ends of each of which are laced tightly together on the under side leaving a space 3 inches wide near the center for convenience in defecation. This space should be equal in distance from the upper end of the frame to the distance from the top of the patient's head to the anal aperture. The corner above and below this opening should be covered a short distance with oil cloth to prevent soiling. One or two good strong bands of webbing, Canton flannel or any good strong cloth should be fastened to this bar which arches across the hips. These should be suffi-

ciently long to pass down between the patient's thighs through the central opening of the frame and under the cot to be brought up over the upper end of the frame where they may be fastened with a safety pin, to the ducking. Another piece of the same goods long enough to pass around the thigh, stiffened on the part which presses on the inner part of the thigh, should be fastened to the short side piece. The object of the stiffening in this piece is that this bend may not constrict the limb and thereby interfere with the circulation of the part, but press on the muscles of the limb beneath the large femoral vessels.

Traction is made by means of adhesive plaster bandaged to the limb in the usual way. A little personal experience may save some one trouble. The last patient I treated, a negro, an adult male, I had some one to shave and wash the limb when I carefully applied my plaster and bandage as I thought. The next day a messenger came and told me my plaster had slipped. On visiting my patient, 7 miles distant, I found it was true and looking for the cause I found the plaster literally covered with bran like scales from the fellow's leg. I washed the leg myself this time, got it perfectly clean and applied new bandages which held till I let the patient up, fourteen weeks later. In this case however the traction was very considerable. The plaster well applied; the frame ready; the patient is placed upon, on his or her back, the perineal straps are firmly secured, the lateral traction strap fastened, the limb is then elevated to such height from the cot as is necessary to obliterate the lumbar curve when traction is made to the limb in that direction. How much traction should be made? Some authorities say 4, some say 10 pounds, but this is certainly a matter for each individual case. I do not measure the amount of traction made but anything short of relief from pain I should consider insufficient. This is a good guide for relief, is certain and prompt when separation of the surfaces takes place. It is remarkable the sense of relief and comfort experienced in these cases especially in

acute articular cases where pain is such a prominent symptom. The pain there being relieved the cord from the foot stirrup is fastened to the foot piece at that angle. As the acute symptoms pass this cord may be gradually pressed down on the foot piece from day to day till the limb rests on the cot. During the stage of elevation a pillow or piece of folded quilt should be placed beneath the limb to help support it. When it is down on the cot a piece of folded quilt should be placed beneath and slightly above the heel to prevent undue pressure upon it. For convenience in defecation two boards may be placed upon two chairs and the ends of the cot allowed to rest upon them. In handling them the head should be kept slightly low to prevent putting the weight on the perineal straps. In very small children an additional strap is required to pass across the breast in order to keep them from trying to rise. Some care is necessary in these cases to prevent undue chafing. By a constant regard to cleanliness, moving these perineal straps along on this bar to slightly vary the points of pressure, and keeping the parts dry by means of the frequent use of the dusting powders this trouble will be reduced to a minimum. A great gain in the use of this splint is that nothing is left for the nurse to adjust. If properly applied it cannot become disarranged and may be left for a week or more without attention on the part of the physician but constant supervision of these cases is very desirable. How long should these splints be used? This can better be estimated by results than by weeks and months. In recent cases they should be used till the patient is well, in others till the pain and soreness are gone when they may be given crutches and a high heel and sole shoes and told to resume the use of the limb gently and very slowly as we cannot say when a given case is well. A long pasteboard splint applied to the joint for some distance above and below affords some security against damage by use in walking. A point to be impressed upon the relatives in these cases is that ankylosis is due to arthritis and not from disuse of the limb. Ankylosis is conservative when much destruction has taken place of head of the femur or ligaments badly damaged.

To the objection that this splint causes too close confinement I can say that it relieves pain, thereby allowing the patient to sleep and assists appetite and assimilation by dispensing with opiates and their succedania. Perfect rest stops fever, fever is only symptomatic of the inflammatory trouble. Therefore rest is the logical remedy. I have said nothing so far as to the medicinal treatment of these cases. This must to a certain extent be symptomatic. Quinine and arsenic in small doses in malarial regions prevents this complication. In anæmic cases iron is indicated and I still have a decided preference for the old tr. chloride despite the numerous "elegant and easily digested" preparations thrust upon the market. Cod liver oil—well I suppose we all use it but I am far from being convinced of its utility. Above all our chief reliance must be placed upon good wholesome diet.

To summarize; hip disease is an inflammatory affection and best treated by rest. Rest most complete when joint surfaces are separated. Separation not possible with any ambulatory appliance devised to date nor by traction applied in axis of the body. Complete rest relieves fever, fever is symptomatic of the inflammatory process (arthritis) therefore rest is the logical treatment.

Ankylosis is due to arthritis and not disease. Ankylosis being due to arthritis complete rest limits ankylosis, popular belief to the contrary. Of medicines, no specifics. Chief reliance on good wholesome diet. If in this article I seem to speak with assurance when men of greater experience express a doubt; if I, by advocating such complete rest when more able men condemn it, seem in the wrong, it is because I have convictions on the subject and if I can impress you with these convictions we may by a common and enlarged experience help to arrive at the best method of treating these unfortunate people.

JOURNAL

OF THE

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PUBLISHED MONTHLY, - - - - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

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Address the Editor, L. P. Gibson, M. D., III East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A.
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One page	\$50.00	\$30.00	\$20.00
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VOLUME VI.

NOVEMBER, 1895.

NUMBER 5.

LITTLE ROCK.

Editorial.

Smallpox in Arkansas.

Our State has unnecessarily and severely suffered from an easily preventable disease since January, 1895. Since the first outbreak at Hot Springs in February last, there have been approximately 300 cases and 75 deaths. The disease has occurred in Garland County where there was 192 cases with 44 deaths; in Clay County, 46 cases and 14 deaths; Mississippi,

43 cases and 6 deaths. The last report from Mississippi County is to the effect that the disease is spreading among the negroes.

The legislature was in session when the smallpox was in Hot Springs, and though the object lesson was so plain that he who ran might have read, the only result of the impression that could be made upon the aggregation of Arkansas stupidity, called the legislature, was the passage of an appropriation of \$2,000 to be expended under the direction of the governor in case of danger from threatened epidemics.

It is safe to say that the smallpox has cost Arkansas more during the year 1895 than the legitimate expenses of an efficient State board of health would amount to in twenty-five years.

As physicians we are entirely familiar with the needs and benefits of our State as to provisions for the public health, but our duty will not be performed if, as individuals and organized societies, we neglect any opportunity to educate the people to a proper appreciation of their duty and that of their lawmakers with respect to the matter.

Editorial Plotes.

Doctor John I. Hancock, at the time president of the Arkansas State Board of Health, was recently killed in Little Rock while in the act of invading a man's household with immoral designs on the man's wife. A proper ending of a very improper life.

Governor Clarke has filled the vacancy on the State Board of Health caused by the killing of Doctor Hancock, by the appointment of Doctor H. C. Dunavant. Doctor E. R. Dibrell was also appointed to fill the vacancy caused by Doctor W. A. Cantrell's failure to qualify as a member of the board. The two appointments are excellent ones and much in contrast with some medical appointments made by Governor Fishback.

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From the Treasurer's Office.

The faithful treasurer is getting his books in readiness for his annual round up of those who have financially strayed from the main body of members. The treasurer goes about this business in just about the fashion and with the same feelings that a surgeon performs an operation on a dear friend. He sterilizes his books, so to speak, gets his paper dressing in order and after dipping his pen into the ink proceeds with sympathy and determination to make incisions in the direction of the pockets of the members. He knows that the operations are painful and that in some cases may cause the sufferers to lead lives of invalidism as far as medical organization is concerned.

THE JOURNAL hopes the treasurer's missive will not penetrate any vacuums, but rather that the operations may result in financial benefit to the society and brighten some minds that must have become somewhat burdened by the consciousness of their indebtedness to the State society. It has occurred in the official experience of the treasurer that sometimes he has opened rather foul-smelling, or rather foul-reading, letters in reply to some of his reasonable and just demands in behalf of the society; but fortunately such things have been rare and generally from causes that could be laid to ignorance of usual business customs.

Trinitrine, or nitroglycerine, has been recommended as an anti-neuralgic, especially in cases of inveterate sciatica.

County Hocieties.

The Greene County Medical Society.

The JOURNAL has received from Doctor J. H. Kinsworthy, of Paragould, the information that a county medical society has just been organized in the county of Greene. We believe there has never before been a medical society in that county. This is the first gun of the fall campaign recently referred to in these pages. The JOURNAL hopes the reverberation from the explosion will awaken the medical men in other counties.

The Little Rock Medical Society.

At the November meeting of the Little Rock Medical Society, Doctor A. H. Scott was elected president, Doctor I. J. Newton, vice president; Doctor F. Vinsonhaler, secretary, and Doctor J. H. Southall, treasurer.

After the meeting the president, though his election took him unawares, invited the members who were present to an elegant collation at the Gem Café. The social feature was an occasion of much enjoyment to those who attended the meeting, but must have been a disappointment to some of the absentees that night who may have been in the habit of attending only the elections and social reunions of the society.

The secretary of the State society has been officially notified of the resignation of membership in the Hot Springs Medical Society of Doctors J. M. Keller, T. M. Baird and J. C. Minor.

Professor Ewald Hering, of the University of Prague, has been appointed professor of physiology in the University of Leipsic, in succession to the late Carl Ludwig.

Miscellany.

The Pathologic Novel.

Physicians can no longer complain that the public is not interested in their work. Medical subjects are becoming the rage, not only in the froth—which is too often scum—of the enterprising reporter of the daily press, but also in the pages of our more permanent literature. The latest thing in antitoxins, the fashionable inoculation-cure for carcinoma, the most dramatic development in cerebral surgery, the appalling ravages (and still more appalling theories) of appendicitis fill column after column in our newspapers. The shortest road to fame nowadays is to invent a new remedy, operation, or bacillus.

The alarming increase of insanity, of neurasthenia, of carcinoma (due to the oxalic acid in the toothsome but treacherous tomato), of heart disease, is bewailed at length. Such headlines as "He Swallowed a Lamp," "Another Victim of the Ghoulish Grapeseed," "Diphtheria Done Up," etc., stare at us from every page. This state of affairs is partly due to the morbid sensation-craze that spares no sanctuary in its ravages, but it is also largely indicative of a genuine interest on the part of the public in the physician and his work. There are drawbacks, it is true, and Koch is not the only medical man who has had occasion to cry "Protect me from my friends."

It is bad enough to see distinguished physicians and their favorite diseases misrepresented and suffering indignities of various description in the ephemeral sheet of the daily newspaper or weekly journal. But when it comes to mistreatment of this sort in the pages of permanent additions to our literature, it is time to lift our voices in protest. The worst offender in this regard is that school of novelists falsely calling themselves "realists." As the avowed apostles of the uncomfortable and repulsive, disease has of course a peculiar attraction for them.

A carcinoma or a tertiary ulcer fascinates them as a velvet cheek or a rippling muscle does the true artist. Carrion of any sort, physical or moral, attracts them like vultures; but, like the vulture, they are wretched anatomists and worse pathologists. If the fidelity of their alleged photographs—which they mistake for pictures—of the "human animal" ("La Bete Humaine," Zola) is no greater than that of their portrayal of his diseases, their "details" and "studies" are essentially falser than the wildest visions of the romanticist, and this is actually the case, as that most constant and most loving student of his fellowmen, the physician, instantly detects and resents.

To no one is the "seamy side" of life more incessantly revealed or the secret heart of humanity more completely laid bare than to the physician, and yet we are unanimous in declaring that the wider our experience, the greater becomes our respect for and belief in humanity, while these dabblers are pessimists to a man. Their novels are therefore usually "pathologic," even though not dealing avowedly with disease as one of the dramatis personæ. One of the most glaring instances of this is the notorious Kreutser Sonata, in which Tolstoi, the founder of the "New Christianity," practically declares through his mouthpiece, the "hero," that everything connected with family-life is a source of wretchedness, shame and crime. Sexual intercourse, for instance, is in itself sinful and degrading, and involves the loss of mutual self-respect on the part of both husband and wife. "Christ's saying, 'He that looketh after a woman to lust after her hath committed adultery,' applies to a man's own wife." Children are merely a source of infinite worry and anxiety, and family-life is simply the breeding-ground of jealousy, spite, and furious quarrels. This writer finally comes to the sage conclusion that it were better for the human race to become extinct than to continue to perpetuate itself by the present methods of marriage and the family. The doctor, of course, comes in with the rest for his splash of vitriol in the shape of the foulest insult leveled at the profession since the days of Moliére, "the doctor who undressed her and felt of her all over, for which precious service I was compelled to pay and thank him, declared," etc. The insinuation is one of which only a rone and a Russian would have been capable, and yet its author is the acknowledged high priest of the "gospel of humanity," of realism.

Of all diseases chosen as factors in the development of the dramatic situation, syphilis is, for obvious reasons, the favorite. It is supposed to combine physical and moral repulsiveness and retribution in a way that peculiarly appeals to these sensationmongers. Accordingly, it can boast of several novels or dramas devoted exclusively to its exploitation. One of the most celebrated of these is Ibsen's Ghosts. In this passionate protest against the conventionalities—and decencies—of civilized life, the keystone of the whole dramatic situation is the appearance of a mysterious disease in the central figure, which his physician is made to declare is inherited from his dissipated father. This · furnishes his mother with the necessary cue for a fiercely dramatic outburst against "society" for compelling her, not to marry the father, for this she admits she was under no real compulsion to do, but to remain faithful to him afterward. She hotly reproaches her spiritual adviser for his "cowardice" in not receiving her with open arms twenty years before, when she had fled to him and, with the engaging frankness of the new woman, informed him of her preference for him over her husband.

The situation is a touching one, the dramatic and ethical merits of which are beyond our sphere; but its pathologic elements deserve some comment. Firstly, no such disease as that here described by Ibsen is as yet known to the medical profession, though, now that his much-lauded "marvellous insight" has enabled him to discover, or, rather, invent it, we shall probably hear of other cases being reported. Secondly, Ibsen clearly intimates that he is trying to depict syphilis or some venereal disease; but he has made the trifling mistake (for a realistic photographer) of endowing the avowedly hereditary form of the disease with symptoms that can only occur in the acquired form. Even in that variety they have never yet been

known to occur in the order, combination, and manner, or with the suddenness described. Thirdly, if the son had been the subject of the hereditary form of this disease, he would almost inevitably have presented unmistakable marks of it in his corneæ, teeth, or complexion, and, perhaps, in all three. By a curious fatality, Ibsen, in his glowing description of the son's blooming youth and vigor, decking the victim for the sacrifice, as it were, touches upon the facial details in such a way as practically to preclude the presence of any of these signs. Fourthly, any brain-disease, venereal or otherwise, acute enough to destroy vision totally within five minutes, would almost certainly destroy life as well within a few days or weeks; while one of the most harrowing scenes of the play is the fervent pleading of the son with his mother to promise to give him a fatal dose of morphine as soon as his mind is gone, as his omniscient physician has told him that he may live on for years in an idiotic condition.

In short, the verdict of the pathologist upon this drama must be the same as that of both the true literary artist and the sociologist—Bosh!

In that recent product of the emancipated woman, The Heavenly Twins, we have another apotheosis of venereal disease. In this instance the fault of the drawing is in the perspective; but this is so glaringly incorrect that the effect of the whole is essentially false and unreal. Molehills are literally magnified into mountains. The main burden of the book, that men who have been dissipated in youth are usually incapacitated from becoming the fathers of healthy children, is as inconsistent with the known facts of the case as it is repugnant to common sense. Such disasters as the authoress describes may and do occur; wild oats must certainly be reaped some day, and we cannot be too strenuous in insisting upon a rigid scrutiny of both the record and the physical condition of the prospective husbands of our pure daughters; nor can the standard of male chastity be raised too high; but such results are, beyond peradventure, the decided exception. Ten per cent would abundantly represent their frequency, even after such marriages; while the impression given through the whole of Mme. Grand's pages is that they are the almost invariable rule.

As to her minor proposition, that the strain and burden of maternity break the spirit and undermine the health of women, both the records and medical opinion are diametrically opposed thereto. Married women are healthier, happier, and longer-lived than unmarried ones. Indeed, the authoress has by a curious oversight or *gaucherie* actually proved the morbidness of her view of life by letting her extraordinary heroine and mouthpiece develop well-marked symptoms of insanity in later life and disappear from the scene with the shades of the asylum gathering round her.

In Trilby we have a charming little story utterly wrecked and ruined by a baleful and ghastly shadow of hypnotic influence, which hangs over it like a pall. Like most such "glooms" it has, happily, no counterpart in real life, not even in the life of the hospitals. There are two absolutely essential elements lacking in the verisimilitude of Svengali's influence over Trilby: Willingness to submit to being influenced on the part of the subject, in the first place, and the original possession of the faculties which she exhibited at his suggestion in the second. Without the first requisite hypnotism can never take place, though, of course, after the hypnotic state has been reached the subject's actions may be entirely beyond the control of her own will. As to the second, an absolutely tone-deaf person, as Trilby avowedly was, could no more be endowed by hypnotic influence with the power of appreciating harmony and distinguishing shades of musical expression than she could be changed from a blonde to a brunette. Every physiologist knows that, no matter what her vocal powers might be, she would be utterly incapable of harmonious song unless she could hear and correctly appreciate the tones of her own voice. Deaf mutes, for instance, are dumb, simply because they cannot hear the sounds made by their usually perfect vocal apparatus, and consequently cannot regulate and combine them into articulate speech. No amount of suggestion or mesmerism can draw out of any subject anything more than was in them before. The popular idea that hypnotism is a sort of connecting-tube, through which the moods, will, impulses, and powers of the operator can be poured into the mind of the subject, is entirely unfounded. Finally the mysterious decline and death of Trilby from the "fearful drain upon her nervous force," without pain or symptom of disease, are highly artistic, but extremely unnatural. People do not die that way at 31, except in novels, or from that cause at any age. In short, we are thankful that the painful later experiences and early death of Miss Trilby O'Ferrall not only did not happen, but could not have happened; and we sincerely hope that Mr. Du Maurier will recognize the fact in his forthcoming sequel.

Death and disease are painful and piteous enough; but, like a certain other morbid influence, not half so black as they are painted, and even from the hospital ward and the *post-mortem* table we may learn that

"There are nettles everywhere,

But sweet green grasses are more frequent still.

The blue of heaven is greater than the cloud."

-Medical News.

Typhoid Germs in the Air.

The *Medical Times* for October contains an account of experiments conducted by Doctor Licard to determine the possibility of transmission of typhoid germs by air.

His plan of experimenting was to have patients suffering from this disease breathe through tubes into water that had previously been sterilized. Specimens of water thus treated were frequently found to contain bacilli upon examination. The results were not uniform, but sufficiently so to warrant the belief that typhoid may be so conveyed by the breath of the patient or by contaminated air arising from infected sources.

Concerning Portraits.

Animum pictura pascit inani.—VIRGIL.
"And with the shadowy picture feeds his mind."

We have had many letters from members of the association making inquiry about the probable disposition of the photographs of the members, which this journal has been receiving from time to time for the last six months.

Some other journals have ever been facetious when mentioning the matter. The truth is that few things are of more interest historically than the pictures of the men who make the history, and from the earliest times it has been a common complaint that the world was indifferent to contemporary portraits.

Pliny ("Natural History") lamented that his age possessed no portraits of living men. "Correct portraits of individuals," says Pliny, "were formerly transmitted to future ages by painting, but this has now fallen into desuetude. Brazen shields are now set up, and silver faces with only some obscure traces of the countenance; the very heads, too, of the statues are changed; a thing that has given rise before now to many a current sarcastic line, so true it is that people prefer showing off the valuable material to having a faithful likeness. And yet, at the same time, we tapestry the walls of our galleries with old pictures, and we prize the portraits of strangers; while as to those made in honor of ourselves, we esteem them only for the value of the material, for some heir to break up and melt, and so forestall the noose and slipknot of the thief. Thus it is that we possess the portraits of no living individuals, and leave behind us the pictures of our wealth, not of our persons. And yet the very same persons adorn the palæstra and the anointing-room with portraits of athletes and both hang up in their chamber and carry about them a likeness of Epicurus."

Pliny referred with pleasure to the practice of his ancestors, so entirely different. Family portraits were arranged each in its separate niche, to be always in readiness to accompany the funeral processions of the family, occasions on which, by this

practice, every member of the family that had ever existed was always present.

"Indeed," says Pliny, in concluding his interesting chapter on portraits, "it is my opinion that nothing can be a greater proof of having achieved success in life, than a lasting desire on the part of one's fellow men to know what one's features were. This practice of grouping portraits was first introduced at Rome by Asinius Pollio." It was Varro who first inserted portraits in books.

"What," says the elder D'Israeli,* "is more agreeable to the curiosity of the mind and eye than the portraits of great characters? An old philosopher whom Marville invited to see a collection of landscapes by a celebrated artist replied, 'Landscapes I prefer seeing in the country itself, but I am fond of contemplating the pictures of illustrious men.' This opinion has some truth; Lord Orford preferred an interesting portrait to either landscape or historical painting. 'A landscape,' said he, 'however excellent in its distributions of wood and water and buildings, leaves not one trace in the memory; historical painting is perpetually false in a variety of ways, in the costume, the grouping, the portraits, and is nothing more than fabulous painting, but a real portrait is truth itself and calls up so many collateral ideas as to fill an intelligent mind more than any other species.'"

It is a false pride which refuses to have a picture taken. "Do you not think," said Dassier, the painter, to Montesquieu, "that there is as much pride in refusing my offer as in accepting it?"

The voice of antiquity, not less than than of modern ouriosity, urges us to make these collections of our contemporaries while we can, and before Time, that subtle painter, shall have changed all the lineaments that made the physiognomy characteristic of our friends in the active period of their labor.

Addison, who placed the line from Virgil which we quote at the head of this article, at the beginning of his charming

^{*}Curiosities of Literature.

vision of a picture gallery, observed "an old man creeping up and down from one picture to another, and retouching all the fine pieces that stood before me. I could not but be attentive to all his motions. I found his pencil was so very light that it worked imperceptibly, and after a thousand touches, scarce produced any visible effect in the pictures on which he was employed. However, as he busied himself incessantly, and repeated touch after touch without rest or intermission, he wore off incessantly every disagreeable gloss that hung upon a figure. He also added such a beautiful brown to the shades and mellowness to the colors, that he made every picture more perfect than when it came fresh from the master's pencil. I could not forbear looking upon the face of this ancient workman, and immediately by the long lock of hair on his forehead discovered him to be Time.'' And so, while Time may produce the "wrinkled front," he blends the wrinkles deftly, until the face most worthy of protracted study is that of the sage, mellow with age and accumulated wisdom.

Let then, our old and young members alike aid in furnishing our portrait gallery with their pictures. They will be deposited in the association library, as among the most sacred archives of our noble association. What would our generation give for an authentic portrait of Hippocrates or Galen, or of the medical masters of medieval times, and yet our time will some day be quite as remote from distant posterity. Opportunity may indeed prevent this age from producing a counterpart of Hippocrates or Galen, but measured by the sum total of the reduction of human suffering, the age that produced anesthesia can never be uninteresting or unimportant.—Journal of the American Medical Association.

Honors for Irish Medical Men.

Knighthood has been conferred upon Doctor Thornley Stoker, the president of the Royal College of Surgeons in Ireland, and Doctor Christopher Nixon, the physician in ordinary to the viceregal household.

Bladder Absorption.

The question of absorption from the bladder, curiously enough, has been but rarely discussed by practical physicians, and has received but limited attention by physiologists. Renewed interest was awakened in the subject in 1893 by Bazy in a communication presented to the Academy of Medicine of Paris. He stated that, contrary to the almost unanimous agreement of physiologists that the vesical mucosa did not absorb, he had found that it did, and almost as readily as cellular tissue. A review of the literature shows that the experimenters are not in accord in their conclusions, and that the matter may therefore be said to be in dispute.

In this number of the *Magazine* will be found the results of a recent study of the subject that seem to be conclusive. The writer, after a large number of experiments upon dogs and rabbits, which were performed with the utmost care, in order to avoid any possibility of fallacy, has been able to observe the physiological action of drugs introduced into the bladder, without exception, if the quantity injected was sufficient in amount.

In practice, the dose by the mouth is considered to be twice that which would be given by the vein, and the rectal dose three times the amount. The writer concluded, therefore, that it would be fair to assume that, inasmuch as the bladder was not intended by nature to possess any special absorptive function, four times the dose by the vein would be required to produce the physiologic action of the drug, and in this dose the effects were invariably noticed. The drugs that were employed in these experiments were atropin, strychnine, apomorphin, chloroform and ether, and potassium iodide. It is true this is not a large list, but it is sufficient to at least decide the question of the absorptive power of the bladder. It would scarcely be contended that the bladder-wall possessed a selective power by which certain drugs would be absorbed while others would not.

The question of the resorption of urinary constituents is also taken up. It was found by the observations of two inde-

pendent individuals that both the fluid and the solid portions of the urine were absorbed to some extent.

The observations were carried out as follows: On each alternate day the urine was passed about every hour and a quarter (twelve to fifteen times in the sixteen working hours). These were called "frequent" days. The other days the urine was passed but four times,—8 a. m., 2, 7 and 12 p. m. These were the "infrequent" days. Exactly the same amount of fluid was taken each day.

As far as possible the habits of each were the same on each successive day throughout the experiment. The mean temperature and the relative humidity were also taken into account. As a result, A found that the average quantity of urine passed on frequent days was 174 cubic centimetres in excess of that on infrequent days, while the average amount of solids was 4.07 grams in excess on the frequent days. B found that on the infrequent days the average volume of urine was 121 cubic centimetres in excess of the average on infrequent days, while on the former, the solids averaged 6.27 grams more than on the · latter. The temperature and humidity were so constant as not to enter as factors in the consideration. Each observer clearly demonstrated the fact of a reduction, both in the fluid and solid constituents, on the infrequent days, and the want of consonance between the two may be accounted for, possibly, to a great extent, by the differences in the habits of the two individuals.

The question of absorption from the urethra was also taken up, and there was no difficulty in demonstrating, as in the case of the bladder, a true absorptive power. A practical illustration of this is seen in the cases in which toxic symptoms have followed the injection of cocaine into the urethra. It was observed that the anterior urethra absorbed more readily than the posterior.

Experiments made on other mucosæ showed the same absorptive power in greater or less degree.

The impossibility of forcing fluid from the bladder into the ureter was shown by an experiment in which, after occluding

the vesical neck, nearly 10 feet of water-pressure were applied by inserting a canula in one ureter. This force was so great that the bladder threatened to rupture, but there was no sign of the appearance of fluid in the other ureter. In other experiments, from 25 to 27 inches of water-pressure were sufficient to overcome the resistance of the vesical sphincter in the fully etherized dog. A review is given of the work of other investigators, and the lack of harmony in their results is explained by certain apparent fallacies in the methods of some of the observers. The author points out that absorption is a matter of lymphatics, not of epithelial cells, and, although the lymphatics of the bladder are not numerous, they are easily demonstrable.

This work should have an immense clinical importance. The observations are of interest, not only to the surgeon, but to the physician as well. They explain, in genito-urinary surgery at least, the unfavorable results that frequently follow operations upon the urinary tract, and they point to a physiologic reason for the exercise of the most scrupulous cleanliness in all procedures involving these organs. They also emphasize the value of the permanent catheter after operations on the bladder or urethra, which is so strongly advised by Guyon, and of the usefulness of frequent irrigations in diseased condition of these organs. It has been shown that in health the urine is free from germs, but there are so many conditions that cause a departure from this state that such a possibility should be kept constantly in mind.—University Medical Magazine.

Epithelioma of the Face.

This man comes here with a large epithelioma of the chin. The tongue and pharynx are also involved, and the case has progressed entirely too far to permit of operative interference. Epithelioma of the face is not a very malignant disease, while epithelioma of the tongue is one of the most malignant of all. I have never yet seen a case of epithelioma of the tongue get well after the disease had advanced as far as two months. The malignancy of the disease in this region may be accounted for

by the anatomical structure of the organ: the epithelium of the tongue is very closely allied to the lymphatics, and in that way metastasis readily takes place. An epithelioma of the face, either of the flat, superficial variety, or the deeper, nodular variety, can in ninety-five cases out of one hundred be cured by a very simple method of treatment, if it is undertaken early enough. I refer to the application of Marsden's paste. During the past ten years Doctor A. R. Robinson and myself have been working in this field; we have treated a large number of cases of cancer in this manner, and shortly expect to give our results in a little monograph on the subject. The formula for Marsden's paste is as follows:

Acid arsenious 2 drams.

Pulv. gum arabic 1 dram.

Cocaine muriate 18 grs.

M. Make into a paste by adding water when ready for use. This paste should be of the consistency of soft cheese, and should be applied on a small piece of cloth. This can be left on for thirty-six hours. One application is usually sufficient; if not, the process can be repeated. In case the epithelioma is covered with a hard scab, this should be removed before the application is made. In the very mild, superficial variety, an application of paste one-half the strength of the above will prove sufficient. By adding the cocaine, the patient experiences no pain whatever.

The origin of many of these epitheliomata of the face is interesting. We not infrequently see cases where the focus of irritation was on the bridge of the nose, where the skin was continually scratched by the spectacles, or it may be a small wart, which the patient constantly picked with the finger nail; in the course of time the normal nutrition of the part is so much disturbed that the trophic nerves which control the circulation are interfered with, and the epithelial elements begin to grow rank and run away with themselves, so to speak, and thus an epithelioma is formed.—Extract from Clinical Lecture by Professor John A, Wyeth.

State Requirements for the License to Practice.

So much good has been accomplished in many of the States during the last few years by the establishment of examining boards and by the work done by the boards themselves, and so much good seems in prospect in other States by the same agency, that it is a pity to have to call attention to anything in the course followed by a State examining board that appears unfair or injudicious. Something of that sort seems to have happened in Colorado, to judge from an editorial that appeared in the Denver Medical Times for September, for a copy of which in pamphlet form we are indebted to the editor, Dr. Thomas H. Hawkins. There is an organization known as the Association of American Medical Colleges. About a year ago this association took action to the effect that each of the schools represented should require of its candidates for graduation an entrance examination and a four years' graded course of not less than seven months in each session. The Colorado State Board of Medical Examiners, says the Times, recently passed a resolution declaring that thenceforth it would not recognize the diploma of any medical college that did not make this requirement of its students, which means, we take it, that holders of diplomas issued by schools not conforming to the standard of requirements are not entitled to be examined by the Colorado board. It follows, the Times points out, that herein the board is requiring an impossibility of the colleges. "The extended course," says our contemporary, "does not go into effect in reality until the session of 1899, although students who begin the study of medicine this year, and who expect to graduate in 1899, would necessarily have to take the four years' course of study.''

We imagine the board's action in this matter was taken inadvertently, and it seems to us that it would be unfair to make it binding on persons graduated before the year 1899, for the colleges cannot rightfully insist on the new requirements until then. It has been very difficult to obtain the enactment of beneficent laws governing the license to prac-

tice, or indeed requiring any license, and this difficulty has been largely due to popular suspicion that they would work injustice and hardship to individuals; hence, if for no better reason, examining boards established by such laws and working under them should feel bound not to exact of candidates for the license any harder conditions than the law lays down. Let a board once get the reputation of exceeding its real prerogatives, and not only is that particular board likely to be overturned, but the progress of medical legislation in the State concerned. and even in other States, is seriously hindered. The medical profession is overwhelmingly in favor of legislation that will enable the States to see to it that none but those who are well qualified shall be allowed to practice medicine; but in its endeavors to secure such legislation the profession has always encountered serious opposition, and it cannot afford to give its approval or its toleration to any act on the part of an examining board that has even the appearance of injustice, far less of one so manifestly unjust as the Colorado board's requirement will be considered if it is really carried out from this time on. We can not believe that the board will be so unwise as not to revise its action in the matter so as to make it reasonable.—New York Medical Journal.

Gonorrhœa in Women.

In our last issue there appeared an article by Dr. H. R. Holmes on this subject, which was originally read before the last meeting of the Oregon State Medical Society, where it occasioned considerable discussion. The discussion, which had in view the prevention of the terrible consequences of gonorrhæa in women, wandered to the time-honored and well-worn subject of the restriction of disease by the licensing system of prostitution. Without wishing to discuss this question, we would like to say that, even if it could be proved that such a system diminished disease, which has not been done yet, it still only strikes at one end of the evil. The prostitutes do not originate

the disease, although they may aid in its dissemination; they originally contract it from men, and unless the afflicted men could be restrained as well as the women, there would be no way of materially interfering with its spread. Besides, where women are only examined occasionally, as is the rule where prostitutes are licensed, even if a physician could be certain that a woman was healthy at a given time, she could very well contract the disease within half an hour of his examination and infect a large number of men before she would again come under the observation of the doctor, and thus defeat in a few minutes the object of his examination. As to the moral side of the question, we cannot help thinking that it must be debasing to a community to give to prostitution a legal existence, which not only thereby excuses it but recognizes it as a necessity.

As to the prevention of the spread of gonorrhoa, however, we think that physicians generally might exert a very potent influence, if they would only realize the terrible ultimate consequences of the malady. A well known specialist in venereal diseases recently made the remark, that he believed more deaths resulted from gonorrhœa than from syphilis. And when we take into consideration the number of women who have succumbed to disease of the tubes resulting from gonorrhea, not to speak of the suffering and unhappiness it has caused, and the men who have died as the result of operations performed for the remote consequences of clap, we can well realize the truth of the remark. Gonorrhaa, particularly the chronic form, which is about as infectious as the acute, works its mischief in the dark, while syphilis is more open and often publicly marks its victims, and consequently is much more dreaded and much better taken care of, besides being contagious only in its early stages.

The estimate of any disease in the popular mind must come directly from the expressed opinions of the physician in relation to it, and the often heard comparison between a cold in the head and clap, must come from the manner in which only too many physicians treat young men affected with this disease. Another erroneous idea that is often propagated by physicians is that sexual intercourse is necessary to health, and on this assumption young men go to the brothel, where they are pretty sure to find disease in more forms than one rather than health in any. This is not a pleasant subject to discuss, but when the evil stares us in the face, the more we can strike at its root, the better. Another serious cause for the spread of gonorrhea, we believe to be in the dislike that many wives have to bearing children, which leads them to place so many restrictions and so many impediments in the way of the marital relation, that husbands seek prostitution from preference to a continued unnatural relation.

It lies, then, with the physician to educate the people as to the true seriousness of gonorrhæa and the ultimate disasters and unhappy homes it may lead to; in his everyday intercourse with young men, to inculcate ideas of chastity and continence, to encourage marriage, and above all to use his every influence in society at large to have our young girls brought up in the true belief that there is no higher plane, no nobler ambition for them than is to be found in motherhood,—Medical Sentinel.

A Century and a Quarter of Life.

French and Russian journals recently announced the death of Nicholas Savin, upwards of a century and a quarter of age. There is apparently no doubt as to the authenticity of the case.

It seems that this man, who arrived within measurable distance of doubling the usual span of life, was born in Paris in 1768. Twenty years later he enlisted as a hussar, and ultimately took part in most of the important campaigns under the consulate and the first empire. During the retreat from Moscow, and while attempting the passage of the Beresina, he was wounded with a lance, taken prisoner by a detachment of Cossacks, and confined at Saratov. Having recovered, he was allowed the liberty of the city under parole, and speedily fell a victim to Cupid's dart, with the consequence that *la belle* France

was forgotten and he became a resident of this Russian city, which continued to be his home for upwards of eighty years. In 1887 the Emperor Alexander III., learning his history, sent him a present of a thousand roubles (\$500), together with a congratulatory message which the veteran hussar valued more than money. Up to his death, which took place in the latter part of last year, Savin enjoyed excellent health and retained full possession of his faculties. It is said he left one daughter to mourn his loss—a tender maid of 78 years.

A century and a quarter is certainly a long life in these days of civilization, and Russia would appear to be the ideal land in which to attain such a patriarchal age, especially for a broken-down soldier or reformed bandit.

A recent dispatch from St. Petersburg records the death of a native of Samara by the name of Efimovin, who was a quarter of a century older than Savin, and who, if the report is true, belonged to a band that ravaged the eastern provinces and was a constant source of terror during the reign of Catherine II., under the leadership of one Pongatchev. With the death of the latter, Efimovin became chief of the banditti, but was finally captured and expiated his crime by thirty years of banishment in Siberia, when he was permitted to return to Russia. His death, in his 151st year, occurred in April, 1894, and for a few years previous he had been totally blind.—The Medical Age.

Definition of an Habitual Drunkard.

A petition has been presented to the English House of Lords, praying that any person who has been twice convicted of drunkenness within two years shall be defined to be an habitual drunkard, and that any licensed dealer serving or harboring him after due notice shall be liable to penalties and forfeiture of license. In South Australia three convictions within six months constitute an inebriate and habitual drunkard. An inebriates bill, which was before the late Parliament, but failed to be acted upon before the dissolution, proposed three convictions within twelve months.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

DECEMBER, 1895.

NUMBER 6.

Medical Hociety Papers.

The Diagnosis and Significance of Paralyses of the Ocular Muscles.

BY H. MOULTON, M. D., FORT SMITH.

[Read in the Section on Practice of Medicine at the Twentieth Annual Session of the Arkansas Medical Society.]

It takes but a moment's reflection to suggest the importance of carefully studying paralyses of the ocular muscles. The subject is of interest not alone to him who seeks to cure a paralytic squint, but as well to him whose interest lies in the graver internal affection on which the paralysis may depend.

The localizing value of ocular paralytic symptoms in intracranial diseases is now well established. Though some points are yet obscure, a careful analysis of cases in connection with associated symptoms will often lead to a clear and positive diagnosis of the site of a brain lesion.

The complicated movements and complex nerve supply of the eye muscles render this study difficult. The first problem is to locate the paralyzed muscle, and with as simplified a process as possible. Complete paralysis of all the muscles supplied by the third nerve, is usually recognized at a glance by the immobile pupil, the drooping upper eyelid and the deviation outward and slightly downward. But single paralyses are not so characteristic. It is possible to diagnosticate, by inspection, a paralysis of an external or internal rectus. The eye is seen to deviate in a direction opposite to that of the action of the paralyzed muscle, if the paralysis be complete. Or if not complete, there is a limitation of movement at least in the direction of its action. The secondary deviation of the sound eye, too, must be studied, and is a valuable aid.

It is sometimes possible to locate by these same methods a paralysis of the muscles concerned in looking up and down; but usually the deviation and limitation of movement in these directions are so slight as to be with difficulty detected, if at all. If we do detect a limitation or deviation, a still greater confusion arises as to whether it is a rectus, or the oblique of the opposite side of the eyeball that is defective. The position of the head is often quite an aid, for the patient, in order to avoid diplopia, will turn the head in the direction of the normal action of the paralyzed muscle. The false projection in space of objects seen by the paralyzed eye, can also be made useful. To fix an object with that eye, the other being covered, an unwonted amount of energy is expended to innervate the defective muscle. The mind consequently locates the object too far in that direction toward which the paralyzed muscle should act. The patient when asked to strike the object, will every time miss it, striking to the side toward which the muscle acts, and opposite to that toward which the eye deviates.

But the most accurate method of diagnosis is by means of the diplopia. As ordinarily applied, it is a tedious process. As we observe the position of the double images in various portions of the field, we must go through several processes of reasoning of several steps each, to refer the symptom to its proper source. This is scientific and accurate, but is time consuming. Often the patient wonders at the apparent slowness and hesitation of the physician, at the moment he is brilliantly solving a beautiful problem in physics.

To simplify this process, several, as Stephens and Wyman and Hotz, have proposed rules by which to quickly arrive at the desired result with little labor.

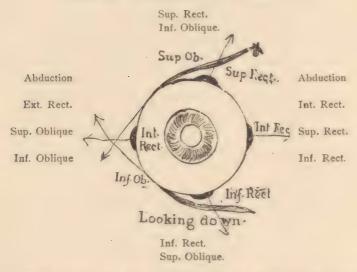
I wish, if I may presume a little, to present a set of rules of my own device which I use in my own work and find accurate, but have not yet published. While others have several, I have just two rules. They will not suffice, nor will any rules suffice for some complicated cases, as when a paralysis is combined with insufficiency; or several muscles are paralyzed, or one eye is blind, etc. But they will accomplish all that any other rules will, with much less tax on the memory. They will clear up all cases of paralysis of any single muscle, and many of combined paralyses.

Before stating the rules let us review the action of each muscle. The external and internal recti turn the eye respectively out and in; each producing motion in but the one direction. The superior rectus is so attached as to roll the eye up and at the same time turn it slightly in. The inferior rectus rolls the eye down and likewise turns it slightly in. The superior oblique, acting as it does from the pulley at the upper and inner angle of orbit, is so attached behind the equator as to aid the inferior rectus in turning the eye down, and also to slightly aid the external rectus in turning it out. The inferior oblique aids the superior rectus in rolling the eye up, and like the superior oblique, is supplemental to the external rectus, in turning it out.

It is not necessary for our purpose to consider the action of the obliques, or other muscles in rolling the eye about its antero-posterior axis, for our test will have to do only with the relative position, and not the inclination of the two images.

It will be noticed that we have spoken only of the movements of the eyeball—out, in, up and down. Now each muscle is concerned in producing motion in one or more of these directions. The following scheme may be arranged to show the association of these muscles in producing movement in the four principal directions:

MUSCLES CONCERNED IN LOOKING UP.



The arrows in diagram indicate the direction of action of each muscle as it effects the movements of the cornea.

As a memory help we have the fact that the adductors are the three recti supplied by the third nerve. The abductors are the only remaining three muscles. To look up or down, the direction indicates the name of the rectus, and we remember it is aided by the opposite oblique.

Every muscle then has an influence either in convergence or divergence, and all but two, in either elevation or depression.

According to the law of projection the false image in diplopia due to paralysis is projected in a direction similar to that in which the muscle should act; or in a direction opposite to that in which the eye is turned. Hence in all cases, but that of two muscles, we would have the false image too high or too low, and in every case it may be found on the same side, or

opposite side, as the paralyzed eye. In other words, we would have, no matter what muscle is affected, either homonymous or crossed diplopia. We now deduce

Rule 1. Homonymous images indicate paralysis of a muscle concerned in divergence:

Crossed images indicate paralysis of a muscle concerned in convergence.

This rule will locate the paralysis in one of three muscles, but it does not tell us which muscle, or which eye. This will be done for us by

Rule 2. Diplopia is increased when looking in the direction of the action of the paralyzed muscle, the image belonging to the affected eye being in advance.

Now to apply the rules.

The patient is seated 20 feet from a candle flame. If in looking straight ahead the diplopia does not appear, the candle is moved in different directions until the two images appear. By covering one eye, or the use of the red glass, we determine which image belongs to the right and which to the left eye. We must now have our scheme of action of the muscles fixed in our memory or printed before us. If the images are homonymous, the muscle affected is an external rectus or an oblique (abductor) of one of the eyes. Now if the images lie in the horizontal plane and distance increases between them as the candle is moved to the right and in no other direction, rule two locates the paralysis in the external rectus of right eye, or vice versa with left eye. But if the images are not in horizontal plane and distance increases on moving the candle up it is one of the inferior obliques because they are the only combined elevators and abductors. If the image previously determined to belong to the right eye is highest, it is the right inferior oblique that is paralyzed. If in looking down the separation is greatest, and the image of right eye lowest, right superior oblique is the affected muscle.

In the same way in crossed diplopia, the affected muscle must be an internal, superior or inferior rectus. According to rule 2, if the distance increases on moving the flame to the left, it is the right internal rectus at fault and vice versa. If the distance increases on looking up, the highest image belongs to the paralyzed eye and the affected muscle must be the superior rectus. If the symptom occurs with downward movement it is the inferior rectus at fault.

Paralysis of a muscle cannot be referred in some instances to any discoverable cause. These cases are usually peripheral, the defect being in the muscle itself, or the periphery of the nerve, and are described as rheumatic for much the same reason that we apply the same term to peripheral paralyses of the facial nerves, from the fact that they usually follow exposure to cold. Sometimes a tumor or inflammatory affection in the orbit, by pressing on a nerve, is responsible for a paralysis. Or an orbital traumatism will be found to involve a nerve or muscle.

The accompanying history and symptoms will enable us to locate these lesions. But the greater number of paralyses are due to affections within the cranium, involving the nerve centers or nerve trunks. The long course of these nerves and the situation of their nuclei in a vulnerable part of the brain render them peculiarly liable to injury and the encroachment of disease. Fractures of the middle fossa and syphilis of the brain, or meninges are the most frequent causes. Then comes tuberculosis, meningitis, homorrhages, aneurism, diphtheria, diabetes, sclerosis, influenza, etc.

The figure borrowed from Fuch's will best enable us to understand the location and relationship of the nerve nuclei:

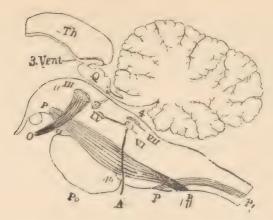


Fig. 106.—Nuclei of Origin of the Nerves of the Ocular Muscles. Schematic Sagittal Section through the Caudex Cerebri.

NATURAL SIZE.

The oculomotor nucleus, III, lies beneath the anterior pair of tubercles of the corpus quadrigeminum, Q. The fibres coming from this nucleus run, converging downward, and emerge as a united nerve-trunk, Q, at the anterior border of the pons, Po. Directly behind the oculomotor nucleus lies the nucleus, IV, of the trochlear nerve, from which the trunk of the nerve passes upward. The two points (drawn of light color in the figure) directly above it, and at the posterior margin of the corpus quadrigeminum, represent the cross-sections of the trunks of the trochlear nerves as they decussate in the velum medullare anticum. The nucleus of the abducens, VI, lies upon the floor of the fourth ventricle, \mathcal{A} , directly beneath the nucleus of the facial nerve, VII. The dotted band running from the nucleus of the abducens to the nucleus of the trochlear nerve represents the posterior longitudinal fasciculus connecting the nerve nuclei. The trunk of the abducens, A, emerges at the posterior border of the pons. a, shows the site of a lesion which, through destruction of the oculomotor nerve, Q, and the pyramidal tract, P, P, would result in crossed paralysis of this nerve and of the extremities. In like fashion a lesion at b would produce crossed paralysis of the abducens and of the extremities. P₁, P₂, pyramidal tract of the other side; Th, optic thalamus.

They all lie in the floor of the aqueduct of Sylvius, and of the fourth ventricle. According to the researches of Edinger and Spitzka, these centers are probably connected together on the same and opposite sides by fibres, which are concerned in the associated movements of the eyes. The chief feature of interest lies in the nucleus of the third nerve. The anatomical investigations of Starr, Bruce, Edinger, Westphal, etc., have established the fact that this nucleus consists of several partial nuclei, and that fibres converge from them to unite in a solid trunk on leaving the peduncle at its inner border.

The various functions performed by the peripheral branches of this nerve would indicate the necessity for some such ar-

rangement. There is a little difference of opinion as to the exact division of labor among these partial nuclei, but the most general agreement is, that the one in front is the center for the sphincter iridis; behind this, and near the median line is first that for accommodation, and then the internal rectus, these being connected with the same centers on the opposite side for the association of accommodation and convergence. Then follows the rectus inferior levator palpebræ, rectus superior and obliquus inferior.

This is important from a diagnostic standpoint, for a partial paralysis of the third nerve must then be referred to the nucleus or that region of the crusta where the fibres are not yet united. A partial lesion of nucleus, or fibres in such a situation, would produce a partial opthalmoplegia only, the lesion being above the longitudinal fibres of the crus. A lesion at A, would produce paralysis of the third nerve on the same side, and hemiplegia on the opposite side of the body. The paralysis would usually be complete in the third nerve; but might not be so, unless the lesion was a little lower. It is assumed that a basal lesion always produces complete paralysis of the third, if it affects it at all.

The centers for pupilary and accommodative functions are furtherest separated from the others and lying well forward toward the third ventricle and having, according to Huebner, a separate vascular supply, are the ones most liable to escape. Hence the common picture is that of an opthalmoplegia externa, total or partial, with pupil and accommodation normal. Of course a lesion is sometimes so extensive as to involve the whole nucleus. Then we could not distinguish between an intrapedunclelar lesion and one at the base, were we not aided by associated symptoms. Lesions affecting the third nucleus are apt to affect the fourth lying in close proximity. When both third nerves are affected we can presume the lesion lies between the peduncles at the base.

Destruction of the sixth nucleus is apt to affect the seventh. Crossed paralysis of the sixth nerve and extremities, would be caused by a lesion at (b). In fractures of the base the sixth is, next to the seventh, the most liable to injury as it passes through the middle fossa in its long course beneath the pons to the cavernous sinus. A lesion in the cavernous sinus would involve more than one nerve. There would probably be ædema of the lids and exophthalmos. A lesion at the sphenoidal fissure would also involve more than one nerve, including probably the ophthalmic diversion of the fifth.

A slowly progressing paralysis of one muscle after another till all are affected, is a sign of degeneration of the gray matter of all the oculomotor nuclei, a disease analogous to and sometimes associated with bulbar paralysis.

Paralysis of a single muscle is sometimes transitory, accompanying distant lesions. Hence observations and deductions must be made with care.

We sometimes see cases in which the eyes have lost the power of associated movement in a given direction, up or down, or to the right or left. These movements are controlled by centers of higher rank than the nuclei we have just been considering; centers which have not been exactly localized, but lie in the cortex. Lesions of the cortex and the intra-cerebral tracts which connect them together, and with the nuclei below never cause paralysis of a single muscle with one occasional exception, that of the levator palpebræ superioris. These associated paralyses then, must always be referred to a region higher than the floor of the fourth ventricle. For movements to the right, it is assumed that the right sixth nucleus sends fibres to the right external rectus and also to the third nucleus of the opposite side, whence they are continued to the left internal rectus. But the right sixth nucleus derives its energy for this movement from fibres which come from the left hemisphere, crossing probably through the corpora quadrigemina. There is clinical evidence in support of this assumption. (Percival, Prevost.) What is true of the right applies likewise to the left side. The following scheme, based on a drawing

from Percival (Annals Oph. and Otol., Vol. 1, No. 4) explains the arrangement:

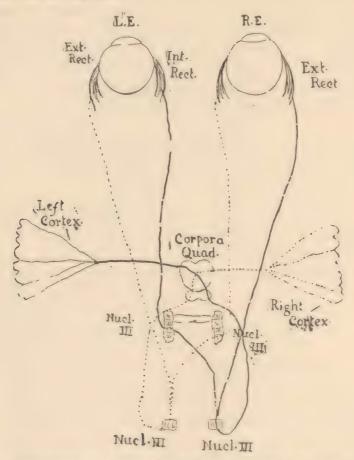


Figure showing how impulses to turn the eyes to the right or left are derived from the opposite hemisphere. No theory is advanced for movements in other directions beyond the association of the two third nuclei by connecting fibres. What their supposed cortical connection is is not known, yet such connection is assumed.

In left hemiplegia with the eyes looking toward the right; in other words, toward the lesion, we would expect to find the lesion above the corpora quadrigemina. If the eyes looked toward the paralyzed side and away from the lesion, we would expect to find it below the corpora quadrigemina.

According to Gowers, if the lesion is as low in the pons as

the sixth nucleus, the sixth nerve being paralyzed, the right eye will deviate to the left and conjugate movements will be limited too; but lesions above this will only prohibit movement up to the median line with either eye.

The following cases illustrate some of the points and may be of interest:

Case I. A patient of Doctor Turnham, of Muldrow, R. B. D., male, aged 11 years, came October 25, 1894. Well till a week ago, then had headaches. Next day double vision appeared and upper lid of right eye began to droop; he became drowsy and dull with slight fever. On examination he presented the characteristic appearance of total ophthalmoplegia of right eye. Pupil had lost its contractility and the accommodation was suspended. The ball was turned downward away from the nose, and almost covered by the drooping lid. There was commencing ptosis and limited motion up and inward in the left eye. We then had total paralysis of the right third nerve and commencing involvement of the left third. Other cranial nerves showed no involvement. Four days later the left third paralysis was complete. The complete involvement of both third nerves indicated that the lesion could not be nuclear, but basal, between the peduncles and close to the pons. It was stated that the boy had, a few days before the diplopia occurred, received a severe blow on the top of the head. Whether this could have had any influence or not, it was assumed that the trouble was probably a localized basal meningitis. Recovery took place some weeks later, and now I am informed only a slight ptosis of right upper lid remains.

Case 2. In June, 1893, a boy, aged 11 years, fell before a carriage, the wheels passing over his head and compressing it transversely. He remained unconscious several days and was brought to me a month after the injury. All sound perception was lost on the right side of the head (paralysis of eighth nerve). There was total relaxation of the right side of face, with epiphora and inability to close right eyelid (paralysis of seventh nerve). There was also diplopia when looking at a distance,

but not for near vision. Deviation of either eye was not apparent, but movement of right eye outward was limited. The double images were homonymous and the distance increased between them on looking to the right, indicating incomplete paralysis of the right abducens. A prism 8 degrees corrected the diplopia. This lesion was not nuclear, for while a lesion of the sixth nucleus would probably affect that of the facial, it would not be so likely to affect that of the auditory nerve.

Transverse force is very apt to fracture the temporal and sphenoid bones in the middle fossa (Purtscher Arch. Ophth. Vol. 23, No. 4). It is probable the seventh and eighth were injured by a fracture in their course through the petrous portion of the temporal and the sixth as it passed along the groove in the body of the sphenoid to the cavernous sinus. At this date the facial nerve has partially recovered. The function of the abducens is almost restored, but the auditory nerve is dead.

Case 3. J. H. R., aged 46, dairyman. Came January 29 with a contusion in upper and inner angle of right orbit, caused by being struck with a cow's horn five days before. A swelling was made out a half inch behind the orbital margin as large as half an almond. Since the injury he has been almost incapacitated for work by headache, false conception of the location of objects, dizziness, etc., with diplopia. Diplopia is homonymous, the image of right eye being below that of left, its distance increasing on looking down. Diagnosis, paralysis of right superior oblique due to direct injury of the muscle. Recovery was complete in a few days under the use of the oleate of mercury.

Case 4. I. V. M., aged 68. Had paralysis of right inferior rectus accompanied by occasional attacks of numbness of left side. This would indicate a small lesion just within the right peduncle affecting the fibres from the most posterior partial nuclei of the third nerve.

The diplopia, which was annoying, was greatly relieved by a 2 degree prism before each eye.

Case 5. Male, aged 40. Sent me by my friend Doctor Giles Lucas, of Van Buren; was one of conjugate paralysis of a rare form. The eyes were unable to look below the horizontal plane. In June, 1894, he was discovered to have diabetes. In August following he one day fell in a stupor. On regaining consciousness the inability to look down manifested itself and has been permanent. October 16 I examined him and found in addition to loss of downward movement, no other defect in the eyes. I am informed that at this date no other nerves have been involved, but that the defect of eyes is permanent and the patient is insane. Diabetes may be caused by brain disease, so may insanity. A tumor causing insanity and diabetes, and at the same time affecting the associated movements of the eyes without other paralysis, might be situated somewhere above the mezencephalon.

Were the eye symptoms transitory no significance would be attached to it; but as it is permanent we have a right to assume a gross lesion.

I could greatly lengthen this paper by relating other interesting cases, but the above will illustrate the importance of the fact I wish to emphasize, viz., the following of ocular muscular symptoms to their source.



A Clinical History of Two Cases of Abscess of Internal Organs as Sequelæ to La Grippe.

BY J. W. HAYES, M. D., MARIANNA.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

The prevalence and the widespread devastation of this single disease, la grippe, upon our American people has been one of great magnitude. The pathology, the etiology, the treatment and all else with it connected has been the subject of much thought and investigation, and yet, doubtless, much remains hidden to be brought to light by persevering search.

Interested as I am in the history, nature and treatment of the disease, right well would I be glad to hear it freely discussed; though on the present occasion to none of the above will I allude, but simply confine myself to the clinical history of two ideal cases requiring finally surgical intervention for ravages wrought by them upon the economy.

In August last I was called to see N. C., colored male, age 35, married, and up to this time very stout, healthy and robust, with no history of syphilis or other previous troubles. His was a case of the aggravated variety of la grippe. He was promptly placed, as treatment, on the antipyretics, the anodynes, tonics and stimulants usually given, as symptoms indicating their uses severally presented themselves. On January 10, or about five months from the incipiency of the attack, he suffered greatly of pains in the region of the right kidney and frequently passed pus well intermingled with the urine. With a view of stimulating the excretory apparatus he was at this time given uva ursi, buchu, etc., combined with a general tonic treatment. The distance being considerable and the roads quite bad the result was that I did not see him until February 6, at which time he was in great agony not having passed then any pus with the urine for about ten days. After administering chloroform a free incision 1 1/2 inches through the wall to the right kidney was made, which relieved him of over a pint of thick pus; a drain was well established, and with the use of antiseptic washes, he made a rapid recovery and is now in good health.

Case No. 2 was a stout, ablebodied, well developed, healthy colored man, age 35, married, with no previous bad history. Developed la grippe in October last, of an unusually malignant type. He was located comfortably in good quarters and received good nursing and treatment. In February convalescence from la grippe evidently set in, but only for a short time was he allowed to experience the disappearance of the one class of symptoms, until slight fevers and occasional rigors and a general hepatic enlargement, accompanied with much pain,

made the diagnosis of his new invader plainly one of abscess of the liver. He was made to remain most of his time on his right side with repeated blisters over the most prominent portion of the liver, hoping thereby to get up peritoneal adhesions. Assisted by Doctor T. J. Robinson, of this place, on March 7 (five months from the beginning of his trouble), he was anesthetized and placed in the usual position, on his back, slightly turned to the right side, just over the edge of the bed and held firmly by assistants. The point selected for operation was between the ninth and tenth ribs, about 5 inches to the right of the spinal column. An aspirating needle first, and then a trocar and canular next were introduced into the cavity. Upon withdrawing the trocar and leaving the canular we succeeded in drawing off probably one quart of thick pus. A small tube was then inserted. Next day found the patient relieved from all pain and in good spirits, but as nothing had passed the drainage tube the external opening was made large enough to introduce one finger with which I could easily discover that no peritoneal or other adhesions to the wall had taken place and that the much distended liver of the day before was in a decidedly collapsed condition. After thoroughly washing out the wound I had him placed on good tonics, careful dieting, etc., to await the results; on the one hand either absorption and resolution, or, the tanking up of the abscess and the distension of its walls, forcing adhesions with the inflamed wall, through the now wounded and inflamed peritoneum. On March 29 (or twenty-two days after the primary operation), the patient was anesthetized and a free incision made through the former wound into the now much distended abscess. The peritoneal adhesions were now found to be well formed; a glass drainage tube, half inch in diameter, was now inserted 5 inches internally and through it escaped two quarts of thick pus. This has been washed out with warm carbolic water, twice daily, since, and the patient is now able to walk about and is in a fair way to recover.

In the first case I have nothing to suggest, but in case No. 2 I will say, with an experience of quite a number of hepatic

abscesses, my belief is firm that the trocar and canular for primary operations are best, unless the surgeon is fully satisfied of primary adhesion, and that by this means quite a number will recover by absorption of all remaining fluid, without the necessity of a second operation, and that when absorption does not take place, the liver by a rapid distension adheres to the inflamed tissues made by the primary operation, making the latter not only an easy, but most frequently a successful operation.

Two Cases of Appendicitis, with Operation.

BY C. WATKINS, M. D., · LITTLE ROCK.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

First Case. Miss A. B., aged 20 years. I was called to see her on the evening of April 6, 1894, and found her in great pain, with nausea and vomiting. Pain all over the abdomen, but the cramping was greatest about the umbilicus. I thought it but a trivial affair as to danger, as I had treated her successfully for an apparently similar attack on July 9 of the previous year. I repeated the former treatment-hypodermic injection of morphia and atropia, to be followed by calomel, Dover's powder and extract hyoscyamus. Having already made my arrangements to leave town, I left that night and heard nothing more of the case until I returned on the morning of the 10th. I learned that Dr. Gibson had been called in the night I left, and suspecting appendicitis, he called in Dr. J. A. Dibrell in consultation the next day, the 7th. There were not enough indications to justify an operation, when I saw her on the morning of the 10th, although there was then a perceptible hardness, she was so much better in every way that we concluded to wait for further developments. Intense pain and rise of fever came again on night of the 13th. An operation was decided upon and made the next day, the 14th, assisted by Drs. Dibrell, Gibson and Kempner. All antiseptic precautions

being used, I made an incision of about 4 inches over McBurney's point. Feecal odor was marked as soon as the cavity was opened. Upon investigation I found a large pus cavity, mixed with contents of the bowel; a large perforation of the cæcum, but no appendix could be found; another large perforation was found behind and further up the colon, and in the investigation gangrenous sloughs of sections of the appendix together with one or two hardened, stone-like intestinal concretions came away. The larger perforations were brought together, and stitched as well as could be, the cavity washed out with sterilized water and packed with iodoform gauze. The dressings were changed and wound irrigated on the third day. Patient gradually grew worse and died on the 17th, four days after the operation.

Case 2. Mrs. L. B. W., aged 68 years. Caught cold after working in a flower garden on evening of 23d of March, 1895; was taken that night with almost continuous nausea and vomiting and loose bowels. I saw her next morning and found slight fever, aching all over, including pain in right iliac region and still suffering from nausea, vomiting and loose bowels. She was a chronic dyspeptic and I attributed the trouble to indigestion and having caught cold. Gave her small and frequently repeated doses of calomel and bismuth to settle the stomach, and followed this with Batley's sedative in solution of hydrastin and bismuth for relief of pain. Found all the symptoms better in the evening, except the pain in the right iliac region persisted; suspected ilio-cæcal trouble, but could not make positive diagnosis. Next morning, pain still in right iliac region; more marked on pressure and slight resistance. These symptoms were more marked in the evening, with perceptible hardness, more tender on pressure and pain increasing. There was no doubt in my own mind that I had a case of appendicitis and determined to operate. Next day called in Dr. Gibson; he agreed with me in the diagnosis, and with his and Dr. Kempner's assistance, we operated that day, the 26th, being within three days of initial attack. The usual operation was made.

Fœcal o'dor perceptible on opening the cavity. The first object to appear in the opening was the fimbriated extremity of the fallopian tube sticking straight up like a little hand; ovary was attached slightly below; appendix easily found, swollen, softened and with several small perforations; there was no pus cavity and no pus was found except the exudation from the small perforations on slight pressure. We tied and cut off the appendix close to the gut, and had to be very careful in doing so, so gangrenous had it become; the stump was brushed over with a bichloride tablet, wound irrigated with sterilized water and packed with iodoform gauze and over this a dressing of iodoform gauze and borated cotton and bandage over all. Symptoms of general peritonitis appeared on next day. We removed the dressing two days after operation; found the cavity free from pus or odor and in washing it out the water came back clear; adhesions had formed shutting off the wound from the general cavity. We got no benefit from irrigation of the general peritoneal cavity as we hoped we might. The wound was repacked and dressed; the peritonitis became more diffused, and great pain and distress was experienced from the distention. We aspirated for removal of the gas, but got only partial and temporary relief. Mind clear up to within a few hours of death. Temperature in rectum went up to 108 1/4°.

The suffering in both these cases was relieved by hypodermics of morphia and atropia. The saline treatment was given early in both these cases. Upon appearance of peritonitis opium was withheld and phenacetine and caffeine used so as if possible not to obscure the diagnosis, but as stated both had finally to be resorted to. The cases to my mind present strong clinical facts going to uphold the large class of surgeons who advise prompt and early surgical interference. The deceptive symptoms of improvement in the first case for several days undoubtedly caused the death of the young lady, as the operation disclosed the fact that the golden opportunity for operation had been lost. The age of the second patient was probably a factor against her, but an operation on the second day instead

of the third would have given her a better chance for life—I mean before the perforation and general peritonitis had taken place. A discussion of the details of this operation would make this paper too long, and I can only express my belief in the efficacy of an early operation; irrigate sparingly, if at all, and rather, if the operation has been delayed until a pus cavity has been formed, give free vent to the pus by proper drainage by packing or if preferred by drainage tube; do not unnecessarily disturb the relations of this sloughing cavity by rough handling or hunting for the appendix; for it will in time be eliminated with the other necrosed tissues. Peroxide of hydrogen or gentle mopping is safer than running the risk of flushing the septic contents of this delicately walled abscess into the general peritoneal cavity.

The great advances of modern surgery in these days of intense competition cannot be ignored. Surgical interference has taken the place of drugs in numerous ailments of the human body. It is an evolution that has come to stay. In our State with the exception of half a dozen eye, ear, nose and throat specialists, we have no one whose practice is limited to general surgery. All general practitioners then with us are in a manner specialists, and it is the most promising kind of specialism. Does it not appeal then to the intelligence of the workers in general practice that they must master and make the surgeons' aids their own, if they expect to be honest and successful competitors in the race for more light and progress.

Removal of a Sixty Pound Ovarian Cyst.

BY J. D. SOUTHARD, M. D., FORT SMITH.

[Read in the Section on Surgery at the Twentieth Annual Meeting of the Arkansas Medical Society.

I have deemed this case sufficiently interesting to be reported because of some unusual features attending it. It is scarcely necessary in this day and time for a man who does any surgical work to preface a report of this kind to a body of physicians like this, with the statement that he has endeavored to observe strictly the rules of surgical cleanliness, for without such observance no man would be justified under any ordinary circumstances in opening the human abdomen for any purpose; while on the contrary any man who understands the principles of surgical cleanliness embodied in the terms asepsis and antisepsis as outlined by Lister and since elaborated by Gerster Senn and others, and who at the same time understands the requisite surgical technique, need not hesitate to undertake the performance of such operations.

This patient was kindly referred to me by Dr. C. Bevell, who, together with several other medical mea, kindly assisted me in the operation. The patient was Mrs. R., age 22; married and has three children, the youngest 2 years of age. One year previous to her coming to me, a swelling was discovered in the region of the right ovary which grew very rapidly. At the end of six months it was tapped by Dr. Bevill and between three and four gallons of fluid withdrawn. It refilled rapidly and at the time of operation there was a little more than four gallons of fluid weighing 48 pounds and a semi-solid mass weighing 12 pounds, making a total of 60 pounds. I have never encountered or seen any one else encounter adhesions so numerous and dense as were found in this case. The blood supply through these was very abundant and a long and tedious task of ligating was necessarily encountered. After the median line incision had been extended to 9 inches in length and all adhesions within reach had been ligated and divided or broken without ligation, there remained underneath the semi-solid mass and inaccessible, some very firm adhesions. At this point the patient's breathing and pulse became alarmingly bad, so that "death upon the table" seemed most probable. Strychnia and other stimulants were given hypodermically, which shortly improved the patient's condition somewhat, but still the case looked almost hopeless and in view of the fact that the worst part of the operation was yet to come, there was clearly no

time for delay. The large adhesions underneath the solid portion of the tumor could not be reached and ligated, so I decided, large and vascular as they were, to break them loose by force. thus reaching and ligating the pedicle which was large and short, as quickly as possible and take the chances on securing the numerous vessels after removing the tumor. The hemorrhage, considering the state of the patient's pulse, was indeed frightful and seemed to come from fifty places; it was finally stopped by the free use of hæmostatic forceps, ligatures and heat. The abdomen was then thoroughly washed out and closed in the usual way, a drainage tube being placed at the lower end of incision. The patient was then put to bed and in due course of time by the aid of appropriate remedies, rallied nicely and did quite well until the eighth day when there was a sudden rise of temperature to 102° F. As the wound appeared to be in good condition and united, the rise of temperature was attributed to malaria, but it continued until the tenth day when the real cause was found to be the presence of a fœcal abscess which was now discharging freely at the site formerly occupied by the drainage tube. This abscess cavity was filled with pus and feecal matter which was thoroughly washed out and the cavity packed from the bottom with iodoform gauze. This dressing was repeated daily for more than two weeks. The cavity gradually healed and filled up from the bottom causing the patient very little pain at any time. She was discharged from the hospital four weeks after the operation, the sinus was then about half an inch deep. She afterwards dressed it herself, and a letter from her husband four weeks later informed me that she was entirely well and doing her housework.

Free Public Baths in Cities.

The author of the act passed by the legislature of New York State, making compulsory the erection and maintenance of public baths in the large cities of the State, was Mr. Goodwin Brown, of Albany.—Medical Record.

THE

OURNAL

ARKANSAS MEDICAL SOCIETY.

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Address the-Editor, L. P. Gibson, M. D., III East Fifth street, Little Rock, Ark. All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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VOLUME VI.

DECEMBER, 1895.

NUMBER 6.

Editorial.

The Multiplicity of Medical Societies.

There are more medical organizations (and there is less proportionate organization) among the members of the profession of medicine than exists among the followers of most any other profession or trade. There are in the United States about fifty national associations and societies relating to medicine and surgery and allied sciences. Every State has a State association and in nearly every county in each of the States there is a local organization. In addition to the regular organization, in many of the States are societies of specialists and most of the cities have one or more societies of the latter, besides the regular local branch of the State organization.

District societies, composed of several county societies, are to be found in most all of the States.

In a number of instances physicians in contiguous portions of different States maintain tri-State medical associations. Members of the profession in several of the river valleys have created associations composed of members residing in the respective valleys extending through several States.

The medical profession of the United States, then, is organized on international, national, sectional, local and special lines, until it would seem that such a body of men, so banded together, would be well nigh invincible in most any legitimate undertaking they might project.

Such a theory is delusive. It is an old saying that in union there is strength, and it is generally true; but in the case of the medical associations the union is more apparent than real and the multiplicity of organizations is more an evidence of disunion than of strong coalition.

Too many of these societies are the result of disaffection with regular associations. Ambitious but disappointed physicians, failing to obtain the standing they imagine they deserve in the State societies get up side shows in the way of district or other societies of less importance than the State association and endeavor to become leaders in a small way because they cannot control in a larger body. Again, there are too many independent organizations of specialists. There is no valid reason why all the specialists in any city, county or State cannot do just as much good work in their respective general organizations divided into the necessary sections, as they can hope to accomplish by separate, independent leagues. The New York Academy of Medicine is a fine sample of a medical association com-

posed of all kinds of reputable practitioners, who can find in its different sections a place to do all the special work they desire.

The American Medical Association affords ample scope for the complete coalition of all the specialists in the United States. It is divided into as many sections as are necessary to give ample scope to specialism in all its branches, at the same time all the different classes are united in one general legislative body.

Each State society is, or should be, founded on the same general principle—sections for different branches of the profession and a general legislative body for all. Coming on down to the county and city societies they can all be made to conform in their organic laws in the same way until the entire profession of the nation can be united in one general association with affiliating branches in every State, county and city. This is already the general plan of the American Medical Association and its ultimate accomplishment should be the end in view in all medical organizations.

It is well known that these almost innumerable societies are not composed of different physicians but that they are largely composed of members who belong to as many as ten or a dozen medical societies. It is not reasonable to believe that a practitioner who has anything else to do can take a very active part in the proceedings of so many associations. It would be infinitely better for the individual and for the profession if membership were confined to organizations in whose proceedings an active part could be taken. The tendency now in the medical profession is towards segregation instead of union, and it will never be able to command the respect it deserves until this tendency is checked and the more rational and unselfish plan of union is carried out.

A school of medical hydrology has been opened at Luchon, in France. It possesses a good laboratory and nine professors on the teaching staff.

Editorial Notes.

THE JOURNAL has received a postal card on which was printed the following announcement:

To the Editor:

Dear Sir—Kindly make mention of the following in your next issue. Respectfully, G. W. CALE, JR.

On November 6, 1895, the St. Louis Academy of Medical and Surgical Sciences was organized. The constitution of the society subscribes to the code of ethics of the American Medical Association. The membership is limited to fifty.

No one can become a member of the Academy unless he possesses a good literary and medical education. As evidence of his literary qualifications and ability as a scientific worker he must deposit with his application, a thesis, a pathological specimen with descriptive text, a drawing of a normal or abnormal specimen with text, or some other evidence of his worth. The evidence is passed upon by the committee on credentials. If the evidence is accepted, the ballot is taken. Two negative votes will defeat a candidate.

The following officers were elected for the ensuing year:

President, Geo. W. Cale, Jr., M. D., F. R. M. S., London.

Senior Vice President, James Moores Ball, M. D.

Junior Vice President, Arthur E. Mink, M. D.

Secretary, Emory Lanphear, M. D., Ph. D.

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Curator, George Howard Thompson, A. M., M. D.

With the greatest deference the JOURNAL asks what is the necessity for another medical society in St. Louis, and why is the membership limited to fifty? Does not the St. Louis Medi-

cal Society offer a field large enough for all earnest workers in St. Louis?

When there was but one regular specialist, and that of the diseases of the eye and ear, in the whole State of Arkansas, a physician then a resident of Little Rock, who claimed to have performed Emmet's operation 114 times in one year, made an unsuccessful effort to organize the Little Rock Gynecological Society. He was willing to be the president, but a sufficient number of members to fill the minor offices could not be induced to join.

Antipyrin as a Hæmostatic and Analgesic.

Doctor Roswell Park advocated the use of antipyrin as a hæmostatic in surgery. It checks oozing, and is unirritating and slightly antiseptic. A 4 or 5 per cent solution should be used. If sprayed into the nose it relieves headache, coryza, etc., and the spray also relieves acute pharyngitis.

The Diagnosis of Intestinal Rupture.

Doctor Berndt discusses the question of intestinal rupture from the diagnostic point of view, emphasizing not only the difficulty of establishing the certainty of a lesion of the gut wall, but also the importance of so doing in order to enable the surgeon to undertake an early laparotomy. The effects of a severe contusion are very similar to those produced by rupture, but the author points out that while vomiting is present in both cases, its nature varies so much as to constitute it an important element in diagnosis. In simple cases of shock the vomiting is reflex in character, and, although repeated two or three times, is never very serious. On the other hand, where the intestine is ruptured, it is due to the extravasation of the gaseous and fluid contents of the bowel into the peritoneal cavity, and is then always of a persistent and intractable character. Sundry recent investigations are added in which this opinion has been strikingly confirmed.—Deutsche Zeitschrift fur Chirurgie.

The Arkansas Medical Hociety.

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Nen, Secretary, Hot Springs.

Melbourne.

Melbourne.

Melbourne.

Melbourne.

Section on Obstetrics and Gynecology-J. C. Amis, Chairman, Fort Smith; C. E. Hurley, Secretary, Bentonville.
The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

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Committee on Credentials—Geo. F. Hynes, Chairman, T. J. Wright, F. Vinsonhaler.

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E. G. EPLER, Chairman, Fort Smith.

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Dallas.		
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Calhoun	66 66 66 66 66 66	66 66 66 06
Boone Bradley Carroll Chicot	W. A. Reese	Eureka Springs
Chicot	No member of the State Society	resides in this County.
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Clark Clay Cleburne	W. B. Shields	St. Francis.
Cleburne	Adam Guthrie, Jr	Ouitman.
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Dallas	Z. J. Lantorn	Dalark,
Desha	No member of the State Society	resides in this County,
Drew	.M. Y. Pope	Monticello,
Faulkner	No member of the State Society	resides in this County,
Fulson	N. A. Allis	Ozark,
Carland	T F Halland (Chairman)	resides in this County,
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Hot Spring	I F Graham	Malvern
Howard Independence	I. S. Corn	Nashville.
Independenée	D. C. Ewing	Batesville.
Izard	.E. A. Baxter	Melbourne,
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Little River	No member of the State Society	resides in this County,
Logan	C W Combones	Pans,
Jard Jackson Jefferson Johnson Lafayette. Lawrence. Lee Lincoln Little River Logan Lonoke. Madison	No mumber of the State Seciety	racidar in this Country
Miller	W C Spearman	Tavarkana
Mississinni	R C Prewitt	Osceola
Monroe	E. T. Murphy	Brinkley.
Montgomery	No member of the State Society	resides in this County.
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Newton	No member of the State Society	resides in this County,
Marion Miller Mississippi Monroe Montgomery Nevada Newton Ouachita Perry	A. B. Loving	Caniden,
Perry	No member of the State Society	resides in this County,
Perry Phillips Pike Poinsett	A. A. Horner	Helena,
Pike	No member of the State Society	resides in this County,
Poinsett	T D Cook aloud	()
Pone	W L Lin	Duccelluille
Polk Pope Prairie	W W Hipolite	Devall's Rhy
Pulaski	I H Southall	Little Rock
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COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION-Continued.

Randolph

NAME.	POST OFFICE.
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 No member of the Star	e Society resides in this Count

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St. Francis	J. F	3.5	Carson						Forr	est Ci	ity,
Stor e	R.	S.	Blair						Mou	intair	View,
Union		No	member	of	the	State	Society	reside	s in	this (County,
Van Buren											
Washington	.T. \	W.	Blackburi	n					Fay	ettevi	lle,
White	D.	H.	Stayton						Sear	cy,	
Woodruff	.L. 1	1.	lelks						McC	Crory	,
Vell		No	member	Of.	the	Stote	Society	reside	cin	this (County

Committee on Necrology—J. W. Hayes, Chairman, Marianna; J. T. Jelks, Hot Springs; F. Vinsonhaler, Little Rock.

New Roll of Members.

In the January issue we hope to be able to publish the revised list of members of the society. The secretary requests to be informed forthwith of any deaths, removals from the State, or changes of address that have occurred during the year. Any errors that may have been noticed in the last published roll will be gladly corrected if the attention of the secretary is called to them now. He will be glad to receive information from any who are cognizant of changes during the year.

The treasurer, too, would be glad if all who expect to pay their dues at an early date would do so without any further delay. He desires to balance his books for the year as far as possible.

Quinine in Chorea.

Recently, in the Boston Medical and Surgical Journal, were detailed eight cases of chorea treated with quinine administered in doses of from six to eight grains daily; no other measures save hygienic were observed. In one case there was complete recovery in a week; in another, treatment was prolonged for ten weeks. In five cases, quinine proving ineffectual, arsenic was substituted with benefit. With the exception of the case that recovered within a week, the results of quinine were neither remarkable nor satisfactory, consequently particular virtues in this malady cannot be attributed to this drug. The hypothesis that it acts by stimulating the inhibitory motor action of the spinal cord is not tenable.—Archives of Pediatrics.

County Hocieties.

Roster of County Societies for 1896.

The JOURNAL is anxious to complete the roster of county societies for regular publication commencing with the January issue. To the end that the list may be complete and useful it requests the secretaries of local societies to send the following items: Name of societies; time and place of regular meetings; list of officers for 1896; number of members. If the secretaries of any societies fail to comply with this request will some other officer or member furnish the data and receive the thanks of the JOURNAL.

Infant Feeding.

In France this is regulated by very strict laws. A severe penalty is incurred by any one giving infants under one year any form of solid food unless such be ordered by a written prescription signed by a physician. Nurses are also forbidden to use nursing-bottles provided with rubber tubes in the feeding of infants.—Exchange.

Hygienic Influence of Forests.

In warm countries, when a forest is cleared away, fever always makes its appearance, while if, in insalubrious districts, trees are planted in quantity, sickness disappears. Thus the Roman campagna and the Tuscan marshes, where luxuriant forests are now growing, have almost lost their traditional unhealthfulness.

Another important hygienic factor of the forest is the fact that ozone exists in unusually large quantities in their neighborhood. This fact, lately established by Fernow, has been held by him to show that a forest constitutes an important barrier against the approach of epidemics and infectious diseases.—

Cosmos.

Miscellany.

THE JOURNAL recently received the reprint of an article which was constructed on the following plan drawn to scale:

Title of paper.

Name of author.

Names of societies of which the author is and has been a member; position held by him now and formerly in medical societies and colleges

etc.,etc.,etc.

The paper.

The Treatment of Malignant Disease.

[Editorial in the American Medico-Surgical Bulletin, November 1, 1895.]

Although we have considered the question of malignant disease several times in the past two or three years, the subject is by no means exhausted, and the series of papers, as they appear in the "Annals of Surgery," Vol. XXII, No. 4, are well worth a careful consideration.

The first of the series considers the question of the etiology, diagnosis, and treatment of malignant disease, and was the president's address at the opening of the session of the association for 1895.

Like most other observers, Dennis, in this paper, makes the limit of observation under which a cure cannot be expected as three years. In studying the question of the growth of malignant disease, only those cases are taken into account where a careful pathological examination has fully substantiated the clinical appearance.

The author says that the first thing which impresses one in the study of this subject is that there are certain recognized conditions which give rise to malignant disease; the second is that apparently these same conditions exist without giving rise to the disease. It is, therefore, most difficult to understand why in one case a carcinoma or a sarcoma develops, and in another, under apparently similar conditions, neither develops. The same law which governs infection in zymotic disease is true when put in operation in regard to infection in malignant disease, but the full interpretation of that law has not yet been made. He does not consider that the germ theory in these cases has been proved, but considers that it probably will be in the near future, believing that eventually the clinical side of the question will be made to "harmonize with the bacteriological." At the present time the weight of opinion seems to be opposed to the germ theory.

Clinical evidence favors the view that changes of an inflammatory nature are responsible for the development of malignant

tumors; and the point is emphasized that mechanical injury is associated with the development of sarcoma, particularly of bone, and that peripheral irritation is a prominent feature in the development of carcinoma, particularly of organs and of soft tissues. A series of nine cases illustrating the development of cancer from a traumatism is given. It is easy to understand that in these cases the injury may have acted as a predisposing cause, but it is more difficult to explain the action of a traumatism upon a case of multiple sarcoma. It may be difficult to determine whether there is a special cause which gives rise to the growths or whether infection spreads from a primary local center. "Multiplicity of growth," is not a proof of generalization of the growth, and in the cases of multiple sarcoma there must be a primary local infection, from which rapid dissemination of the disease takes place, by the blood vessels. The effect of irritation on the development of carcinoma is also illustrated by a series of cases, the irritation being caused by eczema of the nipple, causing epithelioma; by irritation arising from a red rubber plate of false teeth (and in this connection it is remarked that this substance should not be employed in the making of sets of false teeth), and by irritation from a scar. It is also stated that nicotine is, without doubt, a source of irritation to the mucous surfaces. Its absorption by mucous membrane is rapid, a single drop placed upon the tongue of a cat prostrating it at once, and killing it in less than eighty seconds. There are about 331 gr. of nicotine in a pound of tobacco, and 5 mg. will kill a dog in three minutes; in view of these facts the cases of epithelioma starting from the part of the mouth in which tobacco is continually held are a most significant fact. Causes arising from sinus irritation are also illustrated. Cohnheims's theory cannot be rejected, and the parasitic origin of tumors has still to be considered.

A careful study of cases of malignant tumor shows, first, that injury or irritation is apparently concerned in the development of malignant disease (whether these agents act as predisposing or exciting causes time only will determine); second, that all traumatisms of the bone should be treated upon sound principles of surgery; third, that every unnatural irritation affecting the integument or the mucous membrane should be removed, the author even strongly recommending the removal of moles, especially those in which hairs are imbedded, since they are often the seat of malignant infection. Papillæ and warts and localized scales of psoriasis, with no tendency to heal, should be removed.

The facts presented by his cases suggest the following questions: First, has traumatism or irritation anything to do with the etiology of malignant tumors? second, if so, what is the relation which the cause bears to the effect? third, if not, how can the cases which have been reported in this paper be explained? fourth, if it is admitted that traumatism, irritation, separately or together, bear etiological relations to these tumors, how can the presence of these malignant tumors, in the absence of the agencies, be explained? fifth, if the theory that traumatism or irritation can develop a malignant tumor is true, do not the exceptions of that theory demonstrate the purely local origin of these neoplasms? sixth, do not the cases operated upon early demonstrate the correctness of the theory that by the removal of the local infection constitutional infection can be avoided?

Diagnosis, however, is the most important part of this question, since delay at arriving at positive diagnosis of malignant disease is equivalent to death. The earlier a positive diagnosis is arrived at, the more certain are the prospects of cure.

Time of operation and rapidity of growth, while usually affording strong evidence in favor of malignancy, may be misleading. The age of the patient must always be considered. As a rule, with some exceptions, it is true that carcinoma is not likely to appear before 45 years of age, while sarcoma usually appears under 45, and is the characteristic malignant tumor of early age. Heredity has some influence, the statistics

showing that about 4 per cent of the cases of malignant disease is associated with a history of heredity.

The site of the tumor furnishes some knowledge of its character, as, for instance, sarcoma is the primary malignant disease of the bone, while carcinoma rarely affects this structure except secondarily. The gross appearance of malignant tumors is characteristic. The dusky hue of the skin, the dilatation of the veins over the surface, the great tendency to ulceration, the subcutaneous hemorrhagic extravasation, are points seldom seen in any other tumors except the malignant. The consistence of the growth and local temperature are important, malignant tumors being usually firm and hard, unless they are cystic, in which case the fluid is more bloody, and, of course, a sense of fluctuation is obtained. No rise of temperature would be observable in these cases, unless some acute inflammatory condition had been superinduced.

The presence of pain and cachexia must be taken into account, and the character of the pain is important; for, with the exception of the colloid variety of cancer, pain is present in all varieties of malignant disease; and as this type of cancer is seldom situated at points amenable to surgical operation, this exception is easily remembered. Benign growths are painless unless some inflammatory condition is present, or unless a nerve be included in the growth. In malignant disease the pain is not continuous. It is sharp, lancinating, and tearing, and increases in severity with the development of the tumor, and is not usually increased by the manipulation of the growth by the surgeon. Cachexia is always present, sooner or later, but it is only in exceptional cases that its presence is of any early diagnostic value, and its presence at any time indicates that the growth has advanced a long way in its local effects.

The most accurate information with regard to these tumors may be obtained by harpooning. This method consists in placing a small needle, protected by a canula, into the interior of the tumor, and then, by a rotary movement of the needle, entangling some of the tissue on the point, which is

made like a harpoon. Microscopic examination of the tissue can then be made, and a positive diagnosis obtained. One must remember, however, that this operation may set up inflammatory changes, and particularly if careful antiseptic precautions are not taken.

The prognosis depends on many factors. Complete and radical early removal is the only means of obtaining a good prognosis. Clinical history demonstrates the fact that death is the alternative, unless radical operation is promptly resorted to as a clinical measure. If a radical operation has been performed, and recurrence takes place, is there any prospect of permanent cure by repeated operation? The author considers that operation should never be abandoned so long as the growth can be removed, provided only the metastasis has not invaded the internal organs. This plan will not only prolong life and relieve physical suffering, but it may have a direct bearing on the ultimate and permanent cure.

The author says that the surgeon, in assuming the care of a patient with malignant disease, should apprise the friends, but not the patient, of the real dangers. It is well also to refuse to take all the steps necessary to arrive at a correct diagnosis, unless assurances are given by the friends that the patient will abide by the result, and submit to the proper operative treatment. It often happens that after using the harpoon a fungous growth starts up immediately, and the patient becomes dissatisfied and abandons the surgeon, to take the advice of some charlatan or quack.

In malignant disease the only safety lies in early diagnosis, in a radical operation, and in a repetition of the operation if necessary. The author reports 12 cases of sarcoma of the glands, with recovery in all but one, 91.66 per cent. He also reports 17 cases of subperiosteal sarcoma in which the results are known, with 3 deaths, I from shock, and 14 cures beyond the three years limit, 82 per cent, which is in marked contrast to Butlin's statistics of 2 per cent, or those of Gross of 17 per cent, of permanent cures. Butlin gives no definite statistics of

central sarcoma, and Warren cites 29 cases selected from literature, with 62 per cent cured. The author has had but one case of this type, and his patient was operated upon, and is well ten years after the operation. Excision of sarcomata affecting bone should not be considered a moment, and any operation short of complete removal so as to include the entire bone is sure to be followed by a return. In epithelioma of the face, Butlin collected 206 cases, with 21 deaths, mortality 10 per cent; 59 cases were lost sight of, and 25 cases had not reached the three years limit, leaving 122 whose subsequent histories were known. Of these 21 died during treatment, in 51 there was a recurrence, and the remaining 50 were permanently cured, or a percentage of about 41. The author has operated 8 times with no mortality following the operation. In one the patient died after many local recurrences, 30 operations having been performed, extending over a period of 10 years; 2 died from recurrence within three years; and the remaining 5 were permanently cured—62 per cent. In carcinoma of the genitals, lips, etc., the number is too small to base statistics upon, but there are cases of permanent cure among them.

The necessity of an investigation of carcinoma can be estimated when it is stated that in England alone there are 7,000 deaths annually from cancer, and 30,000 patients suffer at all times in that country from this infection. More deaths result from this disease in the United States in one year than the sum total of deaths due to erysipelas, tetanus, hydrophobia, lightning, typhlitis, gunshot wounds, joint diseases, together with other well known surgical affections. Cancer causes nearly half as many deaths in one year in the United States as are caused by accidents and injuries of all kinds and descriptions. The statistics show that the disease is greatly increasing, and the larger proportion of deaths occurs in nations which have reached the highest state of civilization. In one year in the United States there were 13,000 deaths from cancer, twice as many among females as among males; 14,000 people in this country are dying each year from this disease.

The author has had 97 cases in which the breast was amputated, with one death from hemophilia, and without any instance of pyæmia, septicæmia, erysipelas, or abscess; 23 cases were sarcoma and other tumors than cancer, leaving 74 cases of pure carcinoma. The subsequent histories of 41 are known. Three had not reached the three years limit. There are 38 cases therefore remaining in which the subsequent history is known; 17 show permanent recovery, 45 per cent. The remaining 10 passed the three years limit, giving 77 per cent permanent cures in the last 15 consecutive cases. The mortality of the radical operations for removal of the breast has been reduced from 10 per cent (Gross) to 2 per cent (Dennis), and zero (Wier). In sarcoma of the breast Williams reports no cases of permanent cure, and Gross 13 per cent. author has had 6 cases, with 4 cures, the 2 having died from recurrence, 66.66 per cent permanent cures.

Finally, he advocates that all tumors, whether benign or malignant, should be removed. Benign tumors should be extirpated, because a certain proportion of them undoubtedly degenerates into malignant tumors at special occasions or periods of life, and certain malignant tumors remain quiescent for years, giving rise to the idea that they are innocent growths. The mere presence of a tumor in the body, especially in the breast, argues in favor of its malignancy, and it therefore should not be permitted to remain. There is no benign tumor in which it has not been demonstrated that it may assume malignancy under favorable conditions. Out of the 649 cases of tumors of the breast collected by Gross, 587 were malignant, and only 62 innocent.

In the operative treatment of cancer of the lips, tongue, floor of mouth and pharynx, Dr. Phineas S. Connor says that no operation fulfills the indications that does not effect the extirpation of the disease, but when, from the location and extension, cancer cannot be thoroughly cut away, that operation is best which, saving life for the time being, secures the greatest immunity from secondary growths, external or internal. Even

if nothing can be detected upon palpation, it is certainly wise, in any case in which cancer of the lip has existed for several months, to open up submaxillary space and thoroughly examine it, for in this form of cancer, as in others, infected glands may be found, the presence of which cannot be determined through unbroken skin. Improvement in the treatment of cancer of the lip must lie in earlier and more thorough operative interference. Cancer of the tongue is present in about 10 per cent of all the subjects of cancer, and nearly always glandular enlargement is present. In about 10 per cent of the cases in recent years the patients have promptly died. The percentage of recurrences is at least 75, probably nearer 95, if all the facts were obtained. The growths are found commonly in the glands surrounding tissues. The unremoved portion of the tongue, and still more, its stump, when it has been taken away entire, comparatively seldom show recurrence after proper operation. Though life is not saved, it is unquestionably prolonged and made more comfortable. An early operation is essential, Far better that occasionally a tubercular or syphilitic tongue should be removed than a carcinoma allowed to widely extend. Any operation through the mouth unless done very early, and for a limited disease of the tip or, possibly, of the side, should be supplemented by an exploratory incision in the submaxillary region and the taking away of infected glands. The whole disease in other cases can only be reached through the neck and floor of the mouth. Cancer of the pharynx is usually secondary, and associated with grave disease of the tongue and cheek, so that operative interference is as a rule, useless. If primary and united to the velum, it can be removed by knife, scissors, or the cautery, and, if done early and radically, will probably prevent recurrence. If the tonsil is infected, it is probable that the lymphatics are involved long before the case comes under the observation of the surgeon. Recurrence in any given case may be reasonably expected in from three to six months.

The treatment of cancer of the breast is discussed by J. S.

Wight. He divides the tumors of the breast into three kinds; first, those in which the surgeon may operate with the hope of cure; second, those in which an operation may give temporary relief; third, those in which an operation is impossible and unadvisable. He tabulates the following rules: First, the minimum of time should be taken for the operation; second, the tumor, as well as its affected environment, should be removed; third, the earlier the operation the more successful will be the result; fourth, in the case of incipient tumor of the breast the entire organ must be removed.

John Homans discusses the question of the operative treatment of cancer in the female generative organs. Cancer of the ovary is usually secondary to cancerous infections of the other abdominal organs, and is irremovable. Occasionally, however, these organs are the seat of primary cancer. These cases usually occur in elderly women from 50 to 70 years of age, and the tumors are somewhat larger than the fist. In 10 per cent of the cases operated upon for removal of the ovary with cancer, there has been recurrence in the cicatrix or in the internal organs. Where but one ovary is infected (or even both, for that matter), but the disease has not extended to other organs, it may be removed with a fair prospect of prolonging life for some years and perhaps effecting a cure. As much of the broad ligament and tube as possible should be removed, together with the diseased organ. The most frequent varieties of cancer of the uterus are epithelioma, medullary-carcinoma, and adenocarcinoma. An operation for removal of cancer of the uterus, of whatever variety, must include the whole organ, including the ovaries, tubes, and broad ligament. In cases in which a thorough radical operation is impossible, the surgeon must be contented with thorough curetting and thorough cauterization, with the thermo or the Paquelin-cautery. The author prefers the vaginal route, or if the tumor is too large, the combined operation. He therefore considers that the abdomen should be prepared for the operation as well as the vagina, in order that this field may be ready in case it is necessary to invade it.

Cases of adeno-carcinoma almost invariably recover from the operation, and are almost always cured. But the only hope in the other case lies in seeing them before the neighboring structures are involved, so that the whole invaded tissue may be thoroughly extirpated. He has operated upon 16 cases of epithelioma; 6 recovered and 10 died. One is alive, condition unknown, five years after the operation. One four years after the operation has a slight recurrence; one two years and one month after the operation, is in good health; one fourteen months, in good health; one four months, and another three months, after the operation. All the remaining 10 died within a year of the operation, 3 within a week. All were hopeless cases. Of the 6 cases of adeno-carcinoma, 5 are living and well, without recurrence. One died from the effects of the operation. Cancer of the vagina is seldom primary, and should be removed radically as soon as seen. Cancer of the clitoris and urethra, or rather of the meatus, always returns rapidly, and it is of no value to remove these growths except to get rid of a bloody and offensive discharge for a short time. With primary cancer of the labia, the prospect is better.

Operative treatment of cancer of the male genitals is the subject of the paper by Hunter McGuire. He says one case of cancer of the penis will be found in about every 100 cases of cancer, appearing usually in men between 45 and 70 years of age. As soon as the diagnosis is made, radical measures should be advised. Syphilis is the only disease with which it may be confounded. Both patient and surgeon are open to blame for delay; both hope that the ulcer may be syphilitic, and so treat it; but the prognosis is bad if the operation is delayed, and especially if iodide of potash or mercury is used constitutionally. After glandular infection has appeared the prognosis is almost, if not quite, hopeless. In the early stage complete excision of the ulcer and its hardened base is often sufficient. The recurrence may often be charged to incomplete operations. In cancer of the scrotum remove all of the diseased part. If the glands in the groin are enlarged and indurated,

they should be removed, and recurrence should invariably be treated in the same way. Cancer of the testicle usually occurs in persons between 20 and 40 years of age. It is almost unknown in the very young, and is rarely seen over 60. After castration, permanent cures are uncertain. Curling reports 4 cases cured. In 12 of Winiwarter's cases only one did not have a return; while Kocher reports 6 cases who are alive and without return of the disease at periods varying from one to ten years. Nevertheless, life is prolonged and the patient made more comfortable. When the disease has progressed so far that secondary masses can be felt in the iliac fossa and lumbar region, and especially if cachexia is marked, the operation should not be performed, no matter how urgently the patient may demand it.

Cancer of the prostate is a comparatively rare disease. The symptoms of hard cancer of the prostate are: First, frequency and difficulty of urination, which is greater and more urgent than can be accounted for by the size of the prostate or the amount of residual urine; second, it is difficult and often impossible to introduce a metal sound into the bladder through the displaced urethra; third, pain in the pelvis, often extending to the thighs and legs, is continuous; fourth, blood sometimes precedes or follows the stream of urine; fifth, the prostate is enlarged and hard as a stone, and the finger in the rectum can often detect induration of one or both of the vesicular seminales. Soft cancer is not so readily recognized. The symptoms are: First, rectal tenesmus, blood and mucus in the evacuations, and afterward the bladder symptoms appear. Examination shows a large, soft, elastic tumor springing from the prostate, pushing back into the rectum, and eventually breaking into that organ and filling the pelvis. In this condition sedative treatment is all that can be done, and possibly it may be necessary to form an artificial anus by colotomy. No radical operation for the permanent cure of cancer of the prostate has yet been devised. Peritoneal drainage should never be attempted. Suprapubic cystotomy and drainage give physiological rest to the bladder and prolong life in these cases. The author does not believe

that much is to be gained by any attempt at extirpation when this organ is the seat of cancer.

The modern operative treatment of cancer of the rectum forms the subject of the last of these papers by A. G. Gerster. He considers the matter under the following heads: First, the modern methods of attack employed in extirpation, and the after-treatment; second, preservation of, or substitutes for, the sphincteric function; third, remote sequelæ of these newer methods. After a careful review of the various methods of removal of rectal tumors, the author criticises the various methods. He says almost all have something commendable in them, but none of them are entirely free from objection. Kraske's original operation and Hochenegg's plan deserve the preference in high amputations of the rectum. Zuckerkandl's and Rhen's vaginal procedures have a limited applicability in favorable cases both for amputation and resection.

Operation upon this region is facilitated by a decided elevation of the pelvis, and this also diminishes hemorrhage. Careful and methodical dissection is preferred. Blunt dissection may be employed where it is feasible, and division of resistent bands by double ligatures may be employed where the former is impossible. Care must be taken not to tear the middle hemorrhoidal artery, for fear of gangrene of the stump or uncontrollable hemorrhage. It makes little difference what instrument is employed in dividing the sacrum.

The after-care of the divided rectum will depend upon whether an amputation or a resection was done. In high amputation the nutrient vessels of the mesentery must be preserved, lest the entire rectal stump should slough, and this is most difficult in that part of the rectum which adjoins the flexure. Lateral incisions through the peritoneal attachments are permissible, but cutting into the mesenteric line itself will certainly be followed by disaster. Lateral incisions of sufficient length will permit the separation of the gut from the sacrum by the use of the finger-tip; and the higher this detachment is carried, the less tension will be encountered in bringing down and attaching

the stump to the upper angle of the external incision, especially when portions of the sacrum have been removed. A few stout silk sutures suffice to anchor the gut in the wound. Where the peritoneal cavity has been invaded, the peritoneal wound should be closed as soon as possible. The recesses of the wound should be packed loosely with iodoform and absorbent gauze. Where it is possible to preserve the sphincter and the lowermost portion of the gut, two portions should be reunited. Whenever fever develops a careful examination of the wound and its recesses should be made—if necessary with the aid of anesthesia, There is decided difference of opinion in regard to the management of the parts after the operation; some authors preferring to act upon the bowels early, others to control them for some time by means of opiates. This must remain a matter of individual preference. The patient, however, should be persuaded to leave the bed, and get about, as early as possible.

Wherever possible, of course, the sphincteric apparatus should be preserved, and in this preservation its nerve supply should be protected by preserving the integrity of the upper three pairs of the sacral motor nerves. At the present time, apparently, the best plan for providing a substitute for the loss of the sphincter, in cases where it cannot be preserved, is that of Czerny, which consists in simple torsion around its own axis and the extremity of the rectal stump. This is usually sufficient to retain the fecal matter until abdominal pressure is exerted by the patient.

In regard to the sequelæ, prolapse has sometimes followed, sometimes the mass even containing small intestine, representing an anal hernia. These conditions can only be corrected by amputation, or by proctopexy or colopexy, the anchoring by suture of the rectum or colon so high up against the abdominal wall as to preclude the possibility of prolapse. Procedentia uteri has also been noticed. Sacral fistulæ are the most common and troublesome difficulties. They are usually directly due to defective suture or secondarily due to late ulcerative proctitis following stricture. Stricture is nearly always present and needs

constant treatment by soft rubber bougies. If it is neglected, it will contract and lead to other complications. Many of the sacral fistulæ are readily healed as soon as the rectal structure is disposed of. In the more inveterate cases, however, plastic operations may have to be resorted to. If the fistula is near the anal aperture, the bridge of tissue may be divided, as for ordinary fistula in ano, and the fistular track excised and the wound sutured.

A Good Servant but Bad Master.

When the very manufacturers of tablet triturates and compressed tablets feel constrained to protest against the extremes to which the employment of these medicaments has been carried, it would seem high time for the profession to pause and ponder. It is unquestionable that many physicians place too implicit a reliance on tablets, and fail to weigh properly the disadvantages inherent to this class of medicaments—disadvantages which no skill in manufacture can possibly eradicate. A considerable number of drugs may with perfect propriety be administered in tablet form, but to many others the tablet is utterly unsuited.

At this writing we have before us the candid admission of the most extensive manufacturer of compressed and triturate tablets in the United States. With commendable frankness this reputable firm declares that it is an error to demand or employ tablets of volatile, readily deliquescent or delicate medicaments, and specifies some of the pharmaceutical monstrosities in current and popular use-combinations which have no raison d'etre. What, for example, is the use of administering in tablets hopelessly volatile substances like creosote, ammonium carbonate, menthol, camphor, and similar drugs? Further striking instances might be cited: Calomel and sodium, if exhibited at all in tablets, should be present only in small proportions; any considerable proportion of camphor combined with salol would liquefy the tablet; phosphorus oxidizes readily; solid extracts deteriorate; and benzoic acid is entirely unsuited to this form of medication.

Such are the disadvantages of tablets which positively no skill in manufacture can overcome—interested claims to the contrary notwithstanding. The manufacturer may do his whole duty, may place in every tablet the ingredients specified, may even issue a tablet that is active and reliable when it leaves his hands; but deterioration, in many instances, is sure to follow. Hence it is the duty of all physicians to discriminate carefully, in employing this class of medicaments, selecting only formulas regarding which there can be no question.

The tablet fad is bound ultimately to correct itself by its very extravagance. To-day many dispensers seem to believe any and every kind and form of medicament may be administered in the convenient disc form; and, as the manufacturer quoted dryly remarks, we shall presently see dispensers ordering tablets of chloroform, alcohol, and aqua pura. Tablets are, perhaps, under certain circumstances legitimate conveniences, but they have their limitations and are assuredly not worthy of indiscriminate employment. Beware of the tablet fad! Abjure all tablets purporting to contain resins, alkaloids, tinctures, and other volatile or easily changed medicaments.—The Medical Age.

The Cigarette Habit.

In this issue we publish an article on the cigarette habit, by Dr. Mulhall, of St. Louis, which he presented as a paper at the recent annual meeting of the American Laryngological Association. Dr. Mulhall's article seems to us to be of exceptional value. Being a cigarette smoker himself and at the same time a laryngologist, he is peculiarly qualified to speak of the effects of cigarette smoking, especially upon the upper airpassages when the smoke is inhaled. It is a popular delusion—one that Dr. Mulhall thoroughly disperses—that when the smoke of a cigarette is "inhaled" it pervades the air-vesicles of the lungs and the nicotine it contains is all absorbed into the blood through the delicate respiratory membrane. As a matter of fact, the smoke reaches only to the larger bronchial tubes,

probably in the majority of instances not to a point much below the larynx. To the mucous membrane of these large airpassages the smoke does little harm as an irritant, although, as Dr. Mulhall says, it may aggravate pathological conditions already present.

But the surface by which nicotine is absorbed into the blood is much larger than that of the mouth, so that, although relatively only a little of the poison is contained in a cigarette, much more of it finds its way into the system than when the smoke from a cigar or a pipe is simply drawn into the mouth and at once blown out. The inference to be drawn from this is that the inhalation of tobacco smoke is a bad practice. That it is more likely to be indulged in by persons who smoke cigarettes than by those who restrict themselves to cigars and the pipe may readily be conceded. At the same time it is quite certain that many smokers inhale cigar smoke and pipe smoke, at times if not habitually—sometimes they do it involuntarily.

We are particularly glad to see that Doctor Mulhall expresses himself so positively against the common assumption that cigarettes are especially injurious on account of their containing other poisons besides nicotine. So far as the constitutional effects of cigarette smoking are concerned, he states as the result of fifteen years of careful study of the matter that they are "absolutely the same as those of tobacco used in any other form," and he cites Ledaux, who has subjected various brands of cigarettes to chemical analysis, as having found "absolutely no evidence of any other drug but nicotine in the tobacco, and in the paper a harmless quantity of cellulose." It is, indeed, the height of absurdity to suppose that cigarettes are sophisticated with opium. Opium, as has often been said, is too expensive to be used for such a purpose. While we believe that cigarette smoking by the young should be discouraged, as well as the inhalation of tobacco smoke by smokers of any age, we cannot admit that cigarettes are, in themselves, especially injurious.—The N. Y. Medical Journal.

A bust of Carl Vogt is to be placed either in the vestibule of the University or on the Promenade des Bastions at Geneva. The original intention was to place it in the University building, but the citizens of Geneva claim that the savant belonged to the entire city, and not alone to the University, and urge that his bust be placed where it may be seen by all.—Medical Record.

The Result of a Libel Suit in Anstralia.

Mr. C. B. Elliott, government medical officer in Geraldton, West Australia, sued the Victorian Express Newspaper Company for libel. The libel was contained in the form of a letter, asserting that the large number of cripples in Geraldton was owing to the incompetence and neglect of the hospital medical officer, Mr. Elliott. After a trial which lasted eight days, the jury awarded Mr. Elliott £500 and costs, the editor being also sentenced to fourteen days' imprisonment for some contempt of court occurring during the trial.

Miss Bogolubska.

Miss Bogolubska, of Merchinsk, a mining village in East Siberia, is a lady of great determination, who deserves the thanks of her sisters in other lands. She was one of a number of Russian women who had sought in foreign countries the advantages of a medical education, denied them in their own land. After obtaining her degree from the University of Berne she returned to her native village, and, not being allowed to practice medicine, worked eight years as a nurse. She was specially allowed by the authorities, however, to labor among the peasants who were stricken down in the cholera outbreak of 1892. This year she returned to St. Petersburgh, where she obtained permission from the Czar to take a Russian degree which confers the right of practicing in any part of the empire. This privilege is now to be extended among her countrywomen generally, and the Woman's Medical School in St. Petersburgh, which was closed for political reasons in 1887, is soon to be reopened. - Medical Record.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

VOL. VI.

JANUARY, 1896.

NUMBER 7.

Medical Hociety Papers.

Malarial Hæmaturia.

BY I. J. NEWTON, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

Your affable secretary in making a request for a paper to be read before this society, tinged the demand with a coloring of entreaty that proved irresistible, especially so, after having graciously suggested the subject upon which I might write. In yielding I was hopeful that a profitable discussion would follow, making amends for the intrusion of otherwise medical commonplaces.

The subject that I will present to you is an entirely practical one; one that has already had much prominence given to it, as is evidenced by the many articles written thereon in the medical journals of the country; one that is clinically familiar, doubtless, to every member of this society. I allude to malarial hæmaturia.

I refrain from discussing the inappropriateness of this term, as well as the many designations that have been suggested, in attempts to express its inceptive and general pathology or the less classical and technical titles based upon some prominent symptom or locality in which the disease is most frequently encountered. I accept the announced appellation, since the disorder is more generally known as such, though it but very impotently expresses sufficient meaning to stamp the individuality of the disease.

Etiologically considered, malarial hæmaturia continues as much of an enigma as ever. Many theories have been advanced from time to time to account for the remarkable features encountered, but have failed to throw any permanent or satisfactory light upon the subject.

It is generally stated, and I believe it to be true, that malaria is the *primary* cause, but beyond this all manner of conjecture is indulged in to explain phenomena that seem peculiarly its own. It is the purpose of this paper to gather into appreciable shape some conclusions drawn from the observation of a number of cases occuring in my practice in southern Arkansas and northern Louisiana during the past fourteen years.

In all of the cases malaria in some of its manifold forms had preceded or ushered in the attack, and though this fully pictures the materiality of the disease, it fails to express intelligently the phenomena that follow. The conviction forces itself upon my judgment, that the disease is not due to the direct or fulminant form of malaria, but is altogether secondary to the effect of the original poison introduced into the system and has therefore only a correlative claim upon the initiatory materies morbi by physiological disturbance and pathological effect; the form and gravity of the disease depending upon the secondary complications, their nature and locality.

Thus we see that malarial hæmaturia, in a broad sense, has been made to express pathologically, a variety of conditions, designated by some as distinct types rather than stages of the disease, and this has given rise to the crudeness and incertitude of therapeutic management.

The secondary manifestations are positive and important, and without a clinical estimate of their extent and character a successful treatment is extremely doubtful.

What then are these secondary conditions usually encountered producing the remarkable and grave features of this disease? For convenience, and in order to estimate the pathology and treatment of each type of the disease, I will attempt to answer this question in defining the varieties of the disease. As to the types I will follow the division most generally accepted, viz: Intermittent, remittent and congestive, although the last named does not express the complete pathological nature of that type. In the intermittent type there is usually a chill followed by more or less fever accompanied by hæmaturia, which clears up with the subsidence of the fever; jaundice may or may not appear and nausea is slight. In this class of cases the blood is not disintegrated, and examination of the urine passed during the attack will show the blood corpuscles entire—that is, the cell membrane and contents intact. In this we have merely functional disturbance from congestion of the liver and kidneys, the accompanying hæmaturia not differing in character from hemorrhages that occur in other cases, in all forms of a low grade of malarial toxamia. Instance, the frequent occurrence of hemorrhages from the nose or bowels.

The danger here lies in the threatened impermeability of the kidneys due to hemorrhage, mechanically forcing uræmia upon the scene. Evidently prompt and efficient cinchonism with a mercurial purge and local warmth to the region of the kidneys will check the malarial influence, relieve the congested and function-disturbed organs and reinstate the patient.

In the remittent form the patient has usually suffered from recurrent attacks of simple intermittent fever and upon the occasion of one of these attacks the chill is more intense and prolonged, the fever running higher, jaundice and hæmaturia supervene, accompanied by nausea and vomiting. This type will either present the symptoms of the intermittent much intensified, or will, by prolonged disturbance of the functions of the liver and stomach, assume the character of the more malignant or so-called congestive type. This is by far the most frequent form in which the disease is met and generally yields kindly to treatment in forty-eight or seventy-two hours.

Seen in the beginning quinine hypodermatically should be given to thorough cinchonism; 20 grains of the mild chloride of mercury followed in six or eight hours by black draught sufficient to produce copious stools; nausea and vomiting controlled by hypodermics of morphia and atropia; turpentine in 15 to 20 drop doses every four to six hours, which has both hæmostatic and diuretic properties, will enable you to master the situation save in those cases which rapidly grade into the congestive form, requiring in their treatment measures that will be more fully stated under the next type.

In the so-called congestive type we have the disease in its worst and most virulent aspect; the chill is sudden, profound and prolonged; the face gives expression to the greatest anxiety; jactitation coupled with unremitting nausea and vomiting is present; the normal urine is suddenly changed to that of a dark, blood-like fluid, greenish by reflected light, which is copious and frequently discharged. After an elapse of several hours the conjunctival and cutaneous surfaces become deeply jaundiced, the pulse, at first frequent and full, becomes weak and gaseous, the respiration sighing and coma or convulsions complete a picture that is almost a symptom of dissolution.

Chemical and microscopical examinations of the urine, show that although the whole of the ingredients of the blood corpuscles are present, scarcely a single entire blood cell is to be found, their contents however being visible in every direction. The presence of disintegrated blood, with circulating quantities of hæmato-globulin, blood discs and white corpuscles emphasizes the rapid and fatal destructive power of some toxic agent. The question here naturally arises, can we with any degree of certainty determine what the toxic agent or agencies are that can produce this fatal chain of symptoms?

Recent investigations as to the toxicity of bile has in my opinion cleared up the puzzling question.

Bouchard in his most excellent work "Auto-intoxication in disease," states with reference to experiments with the biliary salts, that they "do not kill by direct intoxication alone. We

can see under the microscope the harm which they do; they dissolve and break up the blood globules and also other cells—striated muscular fibres and the cells of the liver; they therefore cause anatomical lesions and intoxication arises from setting free of toxic substances which enter into the composition of the cellular elements." Again he says, "Besides the disorders resulting from the suppression of the hepatic functions in malignant jaundice, the kidneys, if not already disordered, soon become so."

In the same way that lead, silver, mercury and cantharides when being eliminated, cause true toxic nephritis, so do the biliary poison and the poisons fabricated in a secondary manner, by imperfect disassimilation, during their elimination, produce renal changes. This is, then, a fresh hindrance to renal ejection, and a new cause of the retention of poisons in the system. Lastly, the vessels also become affected; extravasations are produced, and in some cases, which cannot be called exceptional, renal hemorrhage still further increases the impermeability of the kidneys. Thus while the chances of biliary poisoning diminish, causes of secondary poisoning appear, which continually increase in consequence of the renal impermeability, the anomalous elaboration of the liver and the alteration of all the cells of the body.

Again he says, "Clinically speaking, if all the bile secreted in eight hours were introduced suddenly into the blood, we should see fatal nervous effects produced immediately." Also "that the bile coloring matter is ten times more poisonous than the biliary salts, and that the toxic activity of the hepatic secretion is six times greater than the toxic activity of the renal secretion, and that bile is nine times more toxic than urine."

I have made the foregoing quotations in order to establish the toxicity of the bile, and from this outline the pathological processes as they evolve from the disease we have in question. Thus we have the long continued action of the malarial poison upon the system, crippling and modifying the functional activity of the liver and other abdominal organs, culminating in a chill

followed by fever, and in which the liver having sustained the greatest damage, yields its bile, possibly by osmotic change. permitting the bile to pass from the biliary cell into the blood vessels thus extending itself into the general circulation and causing thereby the secondary changes consequent to biliary poisoning, notably degeneration of the hepatic cells, inducing atrophy of the liver and suppression of its function. Urea, an important diuretic substance, is diminished and a diminution of renal activity results, lessening thereby the elimination of the biliary poisons and offering a new and potent danger through the threatened impermeability of the kidneys. Should renal inadequacy supervene a fatal termination will result by the nonelimination of the toxic products which should be carried off by the urine. Thus we have retained in the system toxic agents originating from disassimilation, from the biliary secretions, intestinal putrefactions and all the poisons that should be eliminated through the kidneys. It is evident therefore that as long as the kidneys are permeable, complete recovery is possible. The treatment in this form of the disease taxes the ingenuity and therapeutic knowledge of the physician in the highest degree. It is in these cases that quinine is powerless to combat and remove the diseased eliminations that suffuse the system, on the contrary its administration is hurtful and a loss of valuable time. Every indication is to promote relief by aiding elimination and every source must be called upon.

Pilocarpine given hypodermatically is a valuable remedy to promote the action of the skin, but is inadmissible after the pulse becomes weak and the patient is depressed. Brisk cutaneous friction, a hot air, a steam or a hot water bath offers a safer and more efficient means. In the early stage of the disease, when the actions from the kidneys are frequent and copious it is well to restrain their frequency by giving hypodermatically a dose of morphine and atropine, at the same time urging other emunctories to eliminative work. Later, notwithstanding that a nonstimulant diuretic would seem to be indicated, we find that the spirits of turpentine gives beneficial results. The bowels

afford the speediest and best pathway and no remedy so valuable as the mild chloride of mercury in large and repeated doses, followed by saline purgatives.

Elimination by this plan is to be kept up daily until the violent symptoms gradually give way, which will be evidenced by a clearing up of the urine and cutaneous surfaces, lessened nausea and vomiting and the absence of coma and convulsions.

There are several minor points in the successful treatment of these cases that will naturally suggest themselves as the indications appear. Sequelæ are frequent, and nephritis notably the most prominent. Fully realizing the impossibility of laying down a specific treatment for a disease that is not a pathological entity, I hope that I have been sufficiently explicit to make clear the pathological conditions that we have to combat and that the cases as they are met will indicate the character and extent of treatment necessary to a successful termination of the disease.

Recto-Vaginal Fistula. Operation. Recovery.

BY JAMES T. JELKS, M. D., HOT SPRINGS.

[Read in the Section on Obstetrics and Gynecology at the Twentieth Annual Session of the Arkansas Medical Society.]

At the solicitation of Dr. J. H. Gaines I saw Miss D. L. She was suffering with a violent attack of inflammation around the rectum. For years had been a syphilitic and suffered from a stricture of the rectum which had been occasionally treated by the rectal bougie. During this last attack of perirectal inflammation an abscess formed which opened into the rectum and vagina, leaving quite a large fistula. When her general health had recovered sufficiently I curetted the ulcerated rectum and at the same time she was placed on iodides and hyd. ung.

The ulceration healed kindly and on April 20, 1893, with the assistance of Drs. Gaines and Gardner, I proceeded to close the fistula. To do this I pared the edges of the opening from the vaginal surface, keeping the pared tissue intact all around the edges of the fistula. When the paring had been carried down to the rectal mucous membrane I turned the flap thus formed into the rectum and by irrigating the vagina saw that the opening did not leak into the rectum. It then occurred to me that it was the correct thing to leave that flap inverted into the rectum as a protection against infection of the wound from the gut. The wound was now closed transversely with silkworm gut sutures. After several days it was discovered that the fistula was leaking fecal matter into the vagina. The stitches were removed and it was found that the fistula was reduced in size about one-half.

April 17, 1894, she again presented for another effort to close the opening. I operated by the flap splitting method which has been popularized by Lawson Tait. Without paring the tissues I separated the vaginal wall from the rectal and then by means of continuous cat gut sutures closed the wound by inserting the stitches about an eighth of an inch from the edge of the opening through the rectal wall, bringing it out near the edge of said opening, crossing over to the opposite side, inserting the needle near the edge and bringing it out about an eighth of an inch from the opening. This stitch was tightened and tied and each subsequent suture put in in the same manner. When this layer was all in, there was a slight ridge of tissue in the rectum, produced by the rolling in of the tissues. When this was accomplished a second row of sutures was introduced bringing together the vaginal flap in such a manner as to roll the raw surfaces of the flaps together and producing a ridge in the vagina. Thus there were two rows of sutures, one row inserting the rectal side of the wound into the rectum and the other flap into the vagina. The sutures of the first layer were not allowed to pass through the rectal mucous membrane and the last layer of sutures of silk-worm gut was inserted just at the edge of the vaginal mucous membrane, passing under the raw surface and coming out in the depths of the wound near the point where the flap splitting ceased. These were tied, thus approximating the raw surfaces of the everted vaginal flaps. The vagina was

packed with iodoform gauze which was allowed to remain in place for six days, when it was removed and fresh gauze introduced. Into the rectum a rubber tube wrapped with the same kind of gauze was introduced and allowed to remain for several days, when it was removed by spontaneous motion of bowels. Union by first intention followed and the patient has since had entire control of fæces and gas.

There are several plans for treating these fistulæ, and some of the authors advise splitting the entire perineum, sphincter ani and all, paring the edge of the fistulous opening and suturing the whole as in ordinary complete laceration of the perineum. This plan was at one time the only way that offered a success in many cases.

The plans of dealing with recto-vaginal fistulæ are:

- I. Cauterization.
- 2. Denudation of edges and approximation.
- 3. Flap splitting.
- 4. Flap formation.

The first of these processes is the one which was used by the majority of surgeons before the days of asepsis and antisepsis. It is but rarely used to-day, and while but seldom resorted to, still it is applicable to very small openings, these being closed by the formation of cicatritial tissue and its well known tendency to contraction.

Denudation and suturing together of the raw surfaces thus formed was resorted to more than 200 years ago by European surgeons, but failure followed because of the imperfect surgical technique. It was left for our own Sims to show the world how to deal with vesico-vaginal fistulæ. His plan was followed in rectal fistulæ also by the majority of gynæcologists until the flap splitting method was popularized by Lawson Tait. This is superior to the plan advocated by Sims, Bozeman, Limon, Hegar and others, because there is no destruction of tissue.

The flap formation method which I first described I thought was original with myself until I read an article on "Operative Treatment of Vesico and Recto-Vaginal Fistulæ," by Alexander

Hugh Ferguson, of Chicago, Ill., in April number of the American Journal of Obstetrics and Diseases of Women.

There I learned that he had been using the flap formation method for about three years and that he had published the same in *British Medical Journal* of February 24, 1894. In the discussion of Dr. Ferguson's paper before the Chicago Medical Society Dr. N. Senn gave a history of a recto-vaginal fistula operated on by himself in the same manner some eight years ago, but awarded the priority to Dr. Ferguson as the latter gentleman first described it to the profession.

This operation of "flap formation," while it did not entirely succeed in this case yet promises advantages over all other methods. The flap being formed either by the scalpel or the scissors is turned into the rectum, where it may be grasped by forceps or may be surrounded by a ligature which effectually prevents leakage from the gut of either fæces or gas. This effectually closes the fistula for a sufficiently long time to enable the raw surfaces above, consisting of the walls of rectum and vagina, to unite, provided the operation has been aseptically and antiseptically done, and provided further, that the stitches have been so adjusted as to produce perfect coaptation between the raw surfaces.

The point in recto-vaginal fistula as in vesico-vaginal is to get and maintain an aseptic wound, thus giving union by first intention. Comparatively an easy matter in vesico-vaginal wounds, it has heretofore been a hard matter to achieve in recto-vaginal ones. With thorough antiseptic preparation of all the parts and the general adoption of the "flap formation" operation I feel that success will be more general.

Operative Treatment of Pyosalpinx.

BY J. P. RUNYAN, M. D., PINE BLUFF, ARK.

[Read before the Jefferson County Medical Society September 5, 1895.]

When you have made a diagnosis of pyosalpinx there is only one treatment worthy the consideration of the surgeon—evacuation by a surgical operation. A pus tube should never

be allowed to remain in the pelvis. When present it should be evacuated at once; delay is dangerous, unsurgical and unjustifiable. A patient cannot materially improve who is continually absorbing pus, and as a general rule the longer the delay the worse will be her condition for operation and the less her chances for recovery.

There are two methods of operative treatment as practiced for the relief of pelvic suppuration, viz: Operations through the vaginal route, and by the supra-pubic method.

I want to express my disapproval of any operation by the vaginal route for pyosalpinx. Even if it be possible to remove the uterus and appendages in their entirety, in most cases there are adhesions of the omentum and intestines which it is impossible to break up by this method, and consequently the patient is not wholly relieved of symptoms. It has been repeatedly demonstrated by the examinations of specimens after operation that pus tubes often contain more than one pocket, none of which communicate with the others.

This fact alone should cause a surgeon to hesitate before doing vaginal puncture in such cases. Vaginal puncture only complicates matters later on when it becomes necessary to do the radical operation. I know there are a few cases relieved altogether by simple puncture, but they are only exceptions.

By the supra-pubic method one is enabled to do a complete operation. Adhesions can be properly dealt with, hemorrhage controlled, bowel and bladder lesions recognized and properly treated when they occur as the result of manipulations in breaking up adhesions.

Operation—All antiseptic precautions having been observed the abdomen is opened. First look to the omentum, and if there are any adhesions found they must all be freed and hemorrhage controlled before proceeding further. The next step is to introduce the forefinger, palm upwards, behind the mass and if possible find a line of cleavage and gently insinuate the finger between the mass and the part to which it is attached, being careful to do as little damage to the pelvic viscera as pos-

sible. If the uterus be bound down by adhesions it must now be freed. This enables you to more easily bring the mass out of the small opening in the abdomen, which must be ligated close to the uterus by means of a figure of eight ligature of strong but small silk. By cutting the stump conical shape the ligature will be less liable to slip.

I am an advocate of drainage in all pus cases without exception. Before inserting the glass drainage tube the patient must be brought to the edge of the table, turned over on one side and two fingers inserted into the upper angle of the wound. while a rubber tube attached to a funnel held by an assistant is introduced to the bottom of the pelvis. Another assistant pours hot water from a pitcher until all pus and debris is thoroughly flushed out. This is really the only method of irrigating and flushing the pelvic cavity. The drainage tube is now introduced to the bottom of the pelvic cavity and the patient turned on her back. We are now ready to begin suturing the abdominal opening. A number of straight needles threaded with silk worm gut are used for this purpose. The skin and peritoneum are caught with thumb and forefinger and retracted when the needle is introduced, thus getting more of the deep structures than skin and peritoneum. If this little detail is carefully followed there will be fewer herniæ following abdominal section.

Bichloride gauze and absorbent cotton held on by a many tailed bandage constitutes all the dressing necessary.

Strychnia sulphate, one-thirtieth of a grain hypordermatically, should be given as often as found necessary. This is the stimulant, above all others, preferred by me. A piece of rubber dam is put around drainage tube to protect the dressing and by means of a long nozzle syringe the exudate of blood and serum is removed from the cavity as often as thought advisable.

Irritation of the spinal cord increases secretion. Congestion of the lumbar plexus or of the cord will cause diabetes; a little lower down, diarrhea. Congestion of the cervical plexus causes vomiting and palpitation.—Medical Record.

Results of an Extensive Burn of the Head One Year Subsequently.

BY M. FINK, M. D., HELENA.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

At the last meeting of the Arkansas Medical Society I reported a case of "Extensive Burn of the Head," the paper subsequently appearing in the March number of the JOURNAL, in which a negro farm hand had fallen into an open fireplace while in an epileptic fit, severely burning his head; the scalp, the muscles of the head, and even the bones of the left side of the cranium being parched, cracking and fissuring in several places. As a result of the burn the left parietal bone in its entirety and sections of the right parietal and left frontal bones were exfoliated at different times (the bones as well as photograph of patient were exhibited and are now in the hands of the secretary), yet the patient at the time of reporting his case, which was several months subsequent to its occurrence, was able to perform light farm labor.

In response to my request on May 27, 1895, the patient came into town from his home near Marvell, Ark. Upon inquiry I find that he has received no treatment for the resulting ulceration from the burn, being far removed from any town, besides being poor and friendless. The only local application to the injured part being unclean burnt cotton cloth. As a result of this lack of treatment the wound has healed but little since last reported, being now 3/4 of an inch long by 1 1/2 inches across at its widest part, and presents exuberant and unhealthy granulations, all of which present almost a cartilaginous induration except over that part where pulsation was and is still felt.

His skin and general appearance indicate good health; his muscles well developed; his movements active; his appetite is good; pulse 72, respiration 16. He performs farm labor best

on cool and cloudy days. When exposed to the sun, however, his attacks of cpilepsy, to which he has been subject for over twenty years, are liable to be brought on.

These attacks, he states, come on now more frequently and are more severe than when last reported, occurring on an average of twice a month. The aura epileptica of an attack, according to his statement, are falling of the palate, drawing up of the ears, drowsiness and vertigo. There is now no arcus senilis, nausea, vomiting or vertigo; heart is normal. There is no loss of motion or sensation; no hyperæsthesia or anæsthesia of the skin; no disturbances of the special senses; no aphasia. The patella tendon reflex is normal.

His mental condition is as sound and clear as ever. As an evidence of the excellence of his nervous and physical mechanism, as if, as it were, to cap the physiological climax, he has taken unto himself a wife within the last five months.

The Carcinoma Antitoxin.

There has arisen quite an acrimonious dispute in Germany, between Emmerich and Scholl one one side and Bruns and Augerer on the other, regarding the efficacy of the cancer "Heilserum' described by the first named in the Deutsche medicinische Wochenschrift. Bruns was quoted by the authors as vouching for the efficacy of the treatment, but he now denies this and states that in no instance was a curative effect remarked. while in some cases the general state of the patient was very unfavorably influenced. Cardiac trouble and elevation of temperature were very frequent, due without doubt to a septic condition of the fluid. To this suggestion Emmerich answered that the antitoxin was originally aseptic and must have been spoiled by Bruns or his assistants. Bruns replied that the fluid was examined immediately after its arrival in the bacteriological laboratory of the university, and numerous streptococci were found in it. Augerer stated that two of his cases were attacked with erysipelas during the antitoxin treatment. The controversy has assumed a very personal character, and the columns of the medical papers are filled with charges and countercharges, assertions and denials. The weight of testimony seems to be against the efficacy of the carcinoma antitoxin.-Medical Record.

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OF THE

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PUBLISHED MONTHLY, - - - - - Price, \$1.00 a Year in Advance.

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Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

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SPACE.	One Year.	Six Months	Three Months
One page	\$50.00	\$30.00	\$20.00
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To the Journal of The Arkansas Medical Society, 111 E. Fifth St., Little Rock, Ark.

VOLUME VI.

JANUARY, 1896.

NUMBER 7.

Editorial.

The Medical Year 1896.

With this number the JOURNAL renews the annual campaign for medical organization in Arkansas. Ever since the JOURNAL was established it has endeavored to continually carry out the chief object for which it was created. There has never been any intermissions in its work. It has had the organization fever all the time, with annual exacerbations, which reach the height at each annual meeting, to be followed by a period of

defervescense. The periodical attack of 1896, from present indications, promises to be the most interesting in the history of our State.

Surely there never has been a time when the medical profession had more momentous and interesting questions to consider. While our State is not blessed with many well equipped laboratories for chemical, biological and pathological research, all progressive physicians are expected to keep up with the march of scientific investigation, to consider all theories and demonstrations and hold fast to that which proves to be the best.

While the scientific problems are many, important and entertaining, the other questions for us to consider are not without weight and far reaching in their effects upon our profession and upon mankind in general.

In our own State the perennial theme of medical legislation ought to command more serious attention than it has ever before received. The profession was never better equipped for an aggressive invasion of the ranks of ignorance, bigotry, and demagogism that have always been the principal obstacles which have stood in the way of needed medical legislation. But it must be understood that when we say we are better prepared we do not even intimate that we are very influential or powerful in our present condition. We are just a little better off than we have been for a long time and just strong enough to make an uphill fight if we commence at once to recruit our ranks from desirable sources, drill our new men in the tactics of medical progress, unfurl the Red Cross flag of charity for our enemies and establish field hospitals for the weak-kneed among us who are afraid to stand up for the rights of the noblest of all professions.

By a reference to the proceedings of county societies published under the appropriate department, it will be seen that the muster of the county medical militia has commenced. The first movements have originated in the right place this year and they will not stop until all the hills and valleys of our State reverberate with the watchword—ORGANIZATION.

Vital Statistics in Arkansas-A Business View.

With the exception of one report of the Arkansas State Board, published many years ago, there has never been an effort to systematically collect the vital statistics of our State. It is well known too that the incomplete report referred to was published at a time when the board of health was just getting in shape to collect more valuable statistics, when the appropriations for its maintenance were discontinued and the work was stopped.

For the last fifteen years there has hardly been a day, certainly not a week, during which business letters of inquiry have not been received by the writer of this, asking for definite information relating to vital statistics in the whole or some portion of our State. These letters have been written by insurance companies, immigration bureaus of railway or steamship companies, land companies, investment firms and other commercial organizations, besides hundreds of individuals directly interested.

What has the State done to collect and publish this valuable information which would give the lie direct to the malicious misrepresentations that are constantly being used to our infinite injury in a business way? Nor are all these misrepresentations prompted by malicious motives. Our State reputation abroad for unhealthfulness is mostly due to the absence of trustworthy data to establish our claims for average health.

Right now our best data is to be found in the annual reports of our committees on State medicine, which have been published in the proceedings of the society for years.

It would be surprising to some to see how much importance is attached to these reports by the larger insurance companies. But a short time ago the medical representative of one of the largest insurance companies in the United States spent a week in Little Rock making arrangements for his company to enter our State. Three days of that time were mostly spent in the office of the JOURNAL going over the archives of the Arkansas Medical Society, so as to get from the society's publications some idea of the health of our State.

Generalization will do for stump speeches and banquets, but what Arkansas needs is specific information in the shape of well kept records of vital statistics with which to disprove the notion that this State is extremely unhealthy. Hundreds of thousands of dollars are kept out of our State every year on account of the erroneous notions that Arkansas is mostly a swamp and our chief diet the plasmodium malariæ.

Dr. Epler, of Fort Smith, the chairman of the committee on State medicine, has sent to the different members of his committee a circular letter requesting certain information relating to the work of this committee. The circular is also printed in the JOURNAL so that all may read it and assist the committee. Too much importance cannot be attached to this work. Dr. Epler is enthusiastic and eminently qualified for just such an undertaking. If a splendid report is not forthcoming it will be the fault of those whose duty it is to assist the chairman.

We know of a number of instances where physicians have been appointed medical examiners for life insurance companies on account of the ability they displayed in writing reports on State medicine for their respective counties.

At the polite request of the proof reader the following definitions are inserted:

Albumen. * * * Egg albumin, white of egg.

Albumin. * * * An important nitrogenous proximate principle, always containing sulphur; liquid, but coagulating at about 140° F. and in the presence of mineral acids, etc.

Tympanites. * * * Distention of abdomen by gas in the intestines or stomach.

Tympanitis. * * * Inflammation of the tympanum.

Editorial Notes.

Make this the *red-letter* year in the history of the Arkansas Medical Society, and the *read-Journal* year of its official publication.

Smallpox is now prevalent in North Little Rock, 3 cases; Faulkner County, 11 cases; St. Francis County, 9 cases; Lee and Crittenden counties, several cases each. All in Arkansas.

The Missouri State Board of Health has stirred up the medical schools of that State by notifying numbers of students that they must not continue to study medicine, because they had failed to come up to the board's required standing for entering upon the study of medicine. Nearly 200 of the students attending the St. Louis school are included in this sweeping good work of the board.

THE JOURNAL has received the advertisement of one of the many traveling impostors, who infest our State under our present laws, in which the advertiser, among many other claims to greatness, states that he is "ex-president of the Arkansas Medical Association and permanent member of the same." The substitution of the word "association" for "society" makes a technical difference in names, but it is evident the intention is to make the public believe he is a member and ex-officer of the only regular State medical organization in Arkansas. There is no Arkansas Medical Association. There are some irregular State organizations, but they have their distinctive designations. The man referred to never has been and never can be a member of the Arkansas Medical Society, or any other "regular" medical organization.

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	W. H. Barry	
Hempstead		
Hot Spring		
Howard		
Independence		
Izard	D F Evans	Barren Fork
Jackson	I S Graham	Tuckerman
Jefferson		
	G. D. Huddleston	
Lafayette		
Lawrence		
Lee	T. I. Robinson	Marianna.
Lincoln	E. T. Prv	Douglas.
Logan	H. H. Keith	Dublin,
Lonoke		
Marion	W. R. Brooksher	Yellville.
Miller	W. C. Spearman	Texarkana.
Mississippi	R. C. Prewitt	Osceola,
Monroe		
Nevada		
Ouachita		
Phillips		
Polk		

COMMITTEE ON STATE MEDICINE-Continued.

COUNTY.	NAME.	POST OFFICE.
Pope	J. A. Westerfield	Atkins,
Prairie	I. R. Lynn	Des Arc.
Pulaski	R. B. Christian	Little Rock,
St. Francis	W. R. Cason	Forrest City,
Scott		
Sebastian	E. G Epler, (Chairma	an) Fort Smith,
Sharp	John Johnston	Sidney,
Stone	R. S. Blair	Mountain View,
Van Buren	W. R. Greeson	Clinton,
Washington	A. G. Henderson	Fayetteville,
White	J. M. Jelks	Searcy,
White Woodruff	L. A. Jelks	McCrory,

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.	NAME.	POST OFFICE.
Arkansas	I. H. Hutchinson	De Witt.
Ashley		
Baxter	. J. B. Simpson	Mountain Home.
Baxter Benton	T. W. Hurley	Bentonville,
Boone	A. J. Vance	Harrison,
Bradley	No member of the State Society re	sides in this County.
Calhoun		66 96 66 96
Boone Bradley. Calhoun Carroll Chiest	. W. A. Reese	Eureka Springs,
Chicot	No member of the State Society re	sides in this County,
Clark Clay	J. C. Waliis	Arkadelphia,
Clay	. W. B. Shields	St. Francis,
Cleburne	Adam Guthrie, Jr	Quitman,
Cleveland	. C. A. Stanneld	Loledo,
Columbia	. W. N. warren	Buckner,
Conway	T W Vischens	Flummerville,
Craighead Crawford Crittenden Cross	I A Dibeall Se	Van Buran
Cristandon	No member of the State Society re	ides in this County
Cross	I I. Hare	Wwnner
Dallas	Z. I. Lantorn	Dalark.
Desha	No member of the State Society re	sides in this County.
Drew	M. Y. Pope	Monticello.
Dallas. Desha. Drew Faulkner Franklin	No member of the State Society re	sides in this County.
Franklin	W. A. Amis	Ozark,
ruiton		sides in this County.
Garland	.T. E. Holland, (Chairman)	Hot Springs,
Grant	So member of the State Society re	sides in this (ounty
Greene Hempstead		66 66 66
Hempstead	. R. M. Wilson	Hope,
Hot Spring	. J. F. Graham	Malvern,
HowardIndependence	D. C. Positore	Nashville,
Independence	D. C. Ewing	Batesville,
Ladra	I M lower	Memourne,
Jard Jekson Jefferson	A C Lordan	Dine Bluff
John an	W R Hunt	Coal Hill
Lafavette	F. W. Voumans	New Lewisville
Lawrence	W. I. Hatcher	Imboden.
Lee	I. W. Haves	Marianna.
Lincoln	W. M. Bittinger	Grady,
Little River	No member of the State Society re	sides in this County,
efferson	. J. S. Shibley	Paris,
Lonoke	. G W. Granberry	Lonoke,
Madison	. No member of the State Society re	sides in this County,
Marion	W. R. Brooksher	Yellville,
Miller	. W. C. Spearman	I exarkana,
Monroe	E T M	Usceola,
Monroe	E. 1. Murphy	brinkley,
Number	P D Armintand	Drawoutt
Monroe Montgomery Newach Newton Ouachita Perry Phillips Pike Poinsett	No member of the State Society r	esides in this County
Onachita	A. B. Loving	Canden.
Perry	No member of the State Society re	esides in this County.
Phillips	A. A. Horner	Helena.
Pike	No member of the State Society re	sides in this County,
Poinsett	66 66 66 66 66	66 66 66 66
Polk	. L. B. Sutherland	Cove,
Pope	W. H. Hill.	Russellville,
Prairie		Devall's Bluff.
Pulaski	J. H. Southall	Little Rock,

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION-Continued.

COUNTY.	NAME.	POST OFFICE.
RandolphSaline	No member of the S	tate Society resides in this County,
Scott	A A Sanford	Walden
Searcy	No member of the S	tate Society resides in this County.
Sebastian	B. Hatchett	Fort Smith,
Sevier	No member of the S	tate Society resides in this County,
Sharp St. Francis	I. R. Carson	Forrest City
Stone	R. S. Blair	Mountain View.
Union	No member of the S	tate Society resides in this County,
Van Buren	W. K. Greeson	Clinton,
White	D. H. Stayton	Searcy,
Woodruff	L. A. Jelks	McCrory,
Yell		
Committee on Necrology-J. W	. Hayes, Chairman, Maria	nna; J. T. Jelks, Hot Springs; F.

List of Members of the Arkansas Medical Society January, 1896.

[Members will confer a favor upon the secretary by reading carefully the list of members and informing him of any inaccuracies that may be noticed either in their own names or those of others that are known to them.]

ARKANSAS COUNTY.

Hutchinson,	. HDeWittAnn Arbor University	ity.
Moorehead,	W. HDeWitt Baltimore Medical C	ollege.

ASHLEY COUNTY.

Christian,	EugenePortland	University	of Alabama.
Simpson,	J. W Berea	Vanderbilt	University.

BAXTER COUNTY.

Simpson, J. B.Mountain Home. University of Louisville.

BENTON COUNTY.

Bills, A. R
Clegg, J. T Siloam Springs University of Nashville.
Floyd, J. RBloomfield Memphis Hosp, Med.Col.
Hurley, C. E Bentonville Med. Department A. I. U.
Hurley, T. W Bentonville University of Louisiana.
Rice, T. M. Brightwater Missouri Medical College.

BOONE COUNTY.

Bolinger, John	Lead Hill	Missouri	Medical College.
Kirby, L	Harrison	St. Louis	Medical College.
Tipton, J. T	Lead Hill	.Memphis	Hosp. Med. Col.
Tyson, L. C	Harrison	Missouri	Medical College.
Vance, A. J	Harrison	Vanderbi	lt University.

CARROLL COUNTY.

Bolton, J.	B	Eureka	Springs,	Col. I	Phys. &	Sur., Keokuk.
Gibbs, A.	J	Eureka	Springs,	Med.	Dep.	University Pa.

Moore, R. P. Paynor, J. M. Weaver, L. W. McCallum, J. A. Moore, A. B. Moore, W. M.	Oak Grove Berryville Eureka Springs CLARK COUNArkadelphia Arkadelphia Gurdon	
** anis, j. O	CLAY COUN	9
Shields, W. B		Memphis Hosp. Med. Col.
	CLEBURNE CO	UNTY.
		Med. Department A. I. U Med. Department A. I. U.
	CLEVELAND CO	OUNTY.
Breathwit, W. W Stanfield, C. A	Kingsland Toledo	Vanderbilt University Louisville Hos. Med. Col Memphis Medical College Med. Department A. I. U.
	COLUMBIA COU	UNTY.
Hawkins, J. T Warren, W. N	.Mt. Holly Buckner	. University of Louisville. Louisville Medical College.
	CONWAY COU	NTY.
Bradley, A. R	Plummerville	Memphis Hosp, Med. Col.
	CRAIGHEAD CO	
Kitchens, J. H	. Jonesboro	University of Nashville. University of Maryland. Vanderbilt University.
	CRAWFORD CO	UNTY.
Bourland, O. M Dibrell, J. A., Sr	Van Buren Van Buren	University of NashvilleUniversity of NashvilleUniversity of Pennsylvania
Dibrell, M. S	van Buren	Med. Department A. I. U.
	CROSS COUN	
Hare, J. L.	Wynne	Ky. School of Medicine.
	DALLAS COUR	NTY.
Lantorn, Z. J	Dalark	. Med. Department A. I. U.

DREW COUNTY.

Carroll, D. C	Tillar	Med. Department A. I. U.
Evans, M. M.	Florence	Southern Medical College.
Hall, B. A	Monticello	. Ky. School of Medicine.
Loper, F. M.	Monticello	. Ky. School of Medicine.
Pope, M. Y	Monticello	. Jefferson Medical College.
Stanley, W. T.	Tillar	. Louisville Medical College

FRANKLIN COUNTY.

Amis, W. A	Ozark	Bellevue	Hosp. M	ed. Col.
Turner, H. H.	Ozark	Jefferson	Medical	College.
Weaver, E. R.	Vesta	Missouri	Medical	College.

GARLAND COUNTY.

Baird, Thomp. M	Hot Springs	Jefferson Medical College.
Barry, P. L.		Baltimore Medical College
Barry, W. H		Memphis Medical College.
Barry, L. H.		Baltimore Medical College
Brunson, Randolph.		Tulane University.
Collings, H. P		Bellevue Hosp, Med. Col.
Drennen, C. T.		Rush Medical College.
Gaines, J. H.		University of Louisville.
Hay, Eugene		University of Virginia.
Holland, T. E.		Missouri Medical College.
Jelks, J. T		University of Nashville.
		University of Louisville.
Koontz, A. F.		
		University of Louisville.
		University of Virginia.
		N. Orleans School of Med.
		Col. Phys. & Surg., N. Y.
		University of Louisville.

HEMPSTEAD COUNTY.

Autrey, J. R	ColumbusLouisville Med. College.
Briant, W. A.	FultonMissouri Medical College.
B'Shers, S. L.	Fulton University of Louisville.
Booker, T. J.	ColumbusUntversity of St. Louis.
Carrigan, S. M	Washington Missouri Medical College.
Gillespie, L. J.	Hope Missouri Medical College.
McGaskill, A	WallaceburgMobile Medical College.
McLarty, T. A	Hope Atlanta Medical College.
Wilson, R. M	Hope Missouri Medical College.

HOT SPRING COUNTY.

Graham, J. F. Malvern Med. Department A. I. U.

HOWARD COUNTY.

Corn, J. S	NashvilleVanderbilt University.
	Center PointMemphis Hosp, Med. Col.
Whitmore, J. T	Center PointVanderbilt University.

INDEPENDENCE COUNTY.

Controll C F	Solodo	Med Department A I II
Cantrell, C. E		. Med. Department A. I. U.
Case, J. W	Batesville	Jefferson Medical College.
Crane, J. B	Batesville	University of Louisville.
Dorr, R. C	. Sulphur Rock	Missouri Medical College.
Ewing, D. C	. Batesville	. University of Louisville.
Gray, C. C	Hickory Valley.	Vanderbilt University.
Hathcock, A. N	. Hickory Valley.	Missouri Medical College.
Hodges, R, H	. Moorfield	University of Louisville.
		University of Louisville.
James, W. T	Victor	Vanderbilt University.
Kennerly, J. H	Newark	University of Louisville.
Lawrence, W. B	Batesville	.Jefferson Medical College.
Logan, H. G	Dota	. Atlanta Medical College.
		. University of Louisville.
Weaver, M. C.	Jamestown	. Louisville Med. College.
Woods, T. J	Batesville	Ky. School of Medicine.
Wycough, Ed	Solado	Med. Department A. I. U.

IZARD COUNTY.

Baxter, E.	A	Melbourne	University of Louisville.
Evans, D.	E	.Barren Fork	Med. Department A. I. U.

JACKSON COUNTY.

Brewer, A. J Newport	University of Louisville.
Green, J. M Tuckerman	Coll. P. and S., Keokuk.
Graham, J. S Tuckerman	Bellevue Hosp. Med. Col.
Heard, W. HNewport	University of Louisville.
Jones, J. M Newport	University of Nashville.
Owen, Henry Newport	University of Nashville.

JEFFERSON COUNTY.

Cox, W. S	Pine	Bluff Missouri Medical College.
		Bluff Louisville Med. College.
Hankinson, O. C	.New	GasconyVanderbilt University.
Jordan, A. C	Pine	BluffVanderbilt University.
Mills, D. S	Pine	Bluff Memphis Med. Col. 1851.
Orto, Z	Pine	Bluff Miami Medical College.
Pendleton, P. H	Pine	Bluff University of Louisville.
Runyan, J. P	Pine	BluffTulane University.
Scales, J. W.	Pine	Bluff Vanderbilt University.
Seymour, J. W	Pine	Bluff Missouri Medical College.

Smart, J. H	. Pine Bluff	. Coll. P. and S., New York		
Stanley, J. P.	Pine Bluff	University Pennsylvania.		
Taylor, S. M.	Pine Bluff	. Jefferson Medical College		
		Coll. P. and S., Keokuk		
Thompson, R. C	Pine Bluff	Bellevue Hosp. Med. Col.		
Troup, A. W	Pine Bluff	Rush Medical College.		
Walt, D. C	Wabbaseka	Memphis Hosp. Med. Col.		
Withers, W. J	Altheimer	Med. Dep. Univer'y N.Y.		
	JOHNSON COL	UNTY.		
Bryan, W. T.		Med. Department A. I. U.		
		Vanderbilt University.		
Hunt. W. R.	Coal Hill	Med. Department A. I. U.		
		University of Louisiana.		
		Jefferson Medical College.		
Nichols, T. D	Clarksville	University of Louisville.		
Robinson, C. E	Clarksville:	Jefferson Medical College.		
West, R. B	Hartman	Vanderbilt University.		
,	LAFAYETTE CO	•		
Delaht D W		Ky, School of Medicine.		
Dright, D. W	Lewisville	Hosp. Med. College, La.		
Voumans E W	New I ewisville	Rush Medical College.		
Loumans, L. W				
	LAWRENCE CO			
		Hos. Med. Col., Louisville.		
Hatcher, W. J.	Imboden	University of Nashville.		
Merriweather, C. P.	Walnut Ridge	Memphis Hos. Med. Col.		
Rector, N	Smithville	Nashville Col. Med. & Sur.		
	LEE COUNT	ΓY.		
Drake, D. S	Marianna	Bellevue Hosp. Med. Col.		
Gray, G. D	. Haynes	Washington University.		
Harper, W. L	. Park Place	So. Med. Col., Atlanta.		
Haynes, J. W	. Marianna	Washington University.		
Robinson, T. J	Marianna	University of Louisville.		
LINCOLN COUNTY,				
Bittenger, Wm	Grady	Iowa State University.		
Prv. E. T				
	. Douglas	Vanderbilt University.		
	_	Vanderbilt University.		
Deffenbered III D	LOGAN COUL	Vanderbilt University. NTY.		
	LOGAN COUL	Vanderbilt University. NTY. Starling Medical College.		
Merritt, T. D.	LOGAN COUI	Vanderbilt University. NTY. Starling Medical College. University of Louisiana.		
Merritt, T. D	LOGAN COULParis Magazine Magazine	Vanderbilt University. NTY. Starling Medical College. University of Louisiana. University of Louisville.		
Merritt, T. D	LOGAN COUIParis	Vanderbilt University. NTY. Starling Medical College. University of Louisiana. University of Louisville. University of Nashville.		
Merritt, T. D	LOGAN COUIParis	Vanderbilt University. NTY. Starling Medical College. University of Louisiana. University of Louisville.		

LONOKE COUNTY.
Beakley, N. B England Med. Department A. I. U.
Corn, F. A Lonoke Vanderbilt University.
Fletcher, J. P. Lonoke Charity Hospital Medical
College, 1876.
Granberry, G. WCabot Memphis Hosp. Med. Col.
Ross, R. NLonoke University of Nashville.
MARION COUNTY,
Brooksher, W. R,YellvilleKy. School of Medicine.
MILLER COUNTY.
Spearman, W. C Texarkana University of Louisville.
MISSISSIPPI COUNTY.
McGavock, F. GMcGavock University of Nashville.
Prewitt, R. C Osceola Ky. School of Medicine.
MONROE COUNTY,
Bailey, W. T Clarendon Louisville Med. College.
Murphy, F. T Brinkley Vanderbilt University.
Murphy, F. 1 Brinkley vanderbit Oniversity.
NEVADA COUNTY.
Armistead, E. RPrescott University of Louisville.
OUACHITA COUNTY.
Henry, J. T Millville University of Nashville.
Hudson, G. W Camden University of Maryland.
Loving, A. B Camden University of Louisville.
PHILLIPS COUNTY.
Burke, F. Noel Helena Ohio Medical College.
Fink, M Helena Missouri Medical College.
Horner, A. A Helena University Pennsylvania.
Hughes, A. J BartonLouisville, Kentucky.
Linthicum, D. AHelena St. Louis University.
Linthicum, T. C Helena Ky. School of Medicine.
Russwurm, W. CLatour Louisville Med. College.
Shinault, C. R Helena Tulane University.
Vineyard, J. H Vineyard Jefferson Medical College.
POLK COUNTY.
Sutherland, L. BCove St. Louis Col. Phy. & Sur.
POPE COUNTY.
Campbell, J. M Scottsville Memphis Medical College.
1 D M D = 11 11 T T 1 11 T T 1

Drummond, R. M.....Russellville Vanderbilt University. Hill, W. H. Russellville University of Louisville.

Kirkscey, C.	L Dover	Atlanta Medical College.
Ruff, D. P	Dover	Nashville Medical College.
Westerfield, J	. A Atkins	University of Louisiana.

PRAIRIE COUNTY.

Flinn, B. W	Des Arc	Memphis Hosp. Med. Col.
Hipolite, W. W	DeValls Bluff	University of Michigan.
Lynn, J. R.	Des Arc	Memphis Hosp. Med. Col.
Owen, W. P	DeValls Bluff	Col. Physicians and Surg.
Williams, W. F	Hazen	Memphis Hospital Col.

PULASKI COUNTY.

Barner, W. B	Little Rock	Vanderbilt University.
Bentley, E., U.S. A	Little Rock	. Col. Phys. & Surg., N. Y.
Breysacher, A. L	Little Rock	Missouri Medical College.
Cantrell, G. M. D	. Little Rock	Vanderbilt University.
Christian, R. B	Little Rock	University of Virginia.
Dibrell, E. R	Little Rock	University Pennsylvania.
Dibrell, J. A., Jr	Little Rock	University Pennsylvania.
Dickinson, P.	. Little Rock	Missouri Medical College.
		University of Nashville.
Enders, R. W	Little Rock	University Louisiana.
		Med. Department A. I. U.
		Jefferson Medical College.
		St. Louis Medical College.
		University Pennsylvania.
		Ky. School of Medicine.
		Jefferson Medical College.
		Jefferson Medical College.
		Memphis Hospital Col.
Illing, W. P	Little Rock	Med. Department A. I. U.
		Maine Medical College.
		Bellevue Hosp. Med. Col.
King, S	. Little Rock	University of Louisville.
		Jefferson Medical College.
		University of Nashville.
McAlmont, J. J.	. Little Rock	Cleveland, Ohio.
		. Kansas City Col. P. & S.
		Bellevue Hosp. Med. Col.
Nash, C. E.	Little Rock	Col. Phys. and Surg., N.Y.
Pipkin, J. W	. Little Rock	Med. Department A. I. U.
		Louisville Medical College.
		Atlanta Medical College.
		Jefferson Medical College.
		University of Louisiana.
Stark, L. R	Little Rock	New Orleans School Med.

		University of Louisville.		
Vinsonhaler, F	Little Rock	. Bellevue Hosp. Med. Col.		
Watkins, C	Little Rock	Jefferson Medical College. St. Louis Col. Phy. & Sur.		
. vv chy , 14	Little Rock	St. Louis Col. 1 hy. & Sul.		
	ST. FRANCIS C	OUNTY.		
Cason, W. R	Forrest City	Jefferson Medical College,		
	SCOTT COU	NTY.		
Sanford, A. A.	Waldron	Vanderbilt University.		
	SEBASTIAN CO	OUNTY.		
Amis, J. C	Fort Smith	University of Louisville.		
Bailey, W. W.	Fort Smith	University of Michigan.		
		Vanderbilt University.		
		Ky. School of Medicine Chicago Medical College.		
		Vanderbilt University.		
		Missouri Medical College.		
Hynes, Geo. F	Fort Smith	Cleveland Medical College.		
Johnson, D. T	Fort Smith	Bellevue Hosp. Med. Col.		
Johnson, F. W	Fort Smith	Missouri Medical College, Med. Department A. I. U.		
		Ky. School of Medicine.		
		Chicago Medical College.		
Saunders, L. L	. Fort Smith	Med. Dep. U. Georgia.		
		University of Louisville.		
Wright, T. J	Fort Smith	St. Louis Medical College.		
	SHARP COU	NTY.		
Johnston, John	Sidney	Ky. School of Medicine.		
STONE COUNTY.				
Blair, R. S	Mountain View	Vanderbilt University.		
	VAN BUREN C			
Greeson, W. R	Clinton	Vanderbilt University.		
	WASHINGTON O	COUNTY.		
		Med. Department A. I. U.		
		St. Louis Medical College.		
		Missouri Medical College.		
		Missouri Medical College.		
Webster, J. W	Cincinnati	Missouri Medical College.		

WHITE COUNTY.

Cleveland, J. CBald Knob Missouri Medical College.
Jelks, J. M Searcy
McIntosh, R. A Beebe University of Louisville.
Moore, L. EVanderbilt University.

WOODRUFF COUNTY.

The Committee on State Medicine—Circular Letter of the Chairman.

FORT SMITH, ARK., January 10, 1896.

DEAR DOCTOR—You are the member of the committee on State medicine of the Arkansas Medical Society for your county. As chairman of that committee I respectfully ask you to send me, by March I, a statement as to the general health of your community, the nature of the more common serious diseases and of epidemics that may have prevailed, and the conditions that favor their development. Please find out as nearly as possible the actual number of deaths in your community during the year 1895 and tabulate them by months according to sex, color and age; age under one year, one to five, and over sixty. Population-black and white; also the number due to phthisispulmonalis, pneumonia, bronchitis, organic heart disease, inflammation of stomach and bowels, dysentery, inflammation of brain and cord and their meninges, intermittent fever, remittent, continued malarial, pernicious forms, malarial and typhoid fever, classed according to age, sex and color.

Collectively such data from a number of points will be instructive to all, and will show that Arkansas is not a veritable graveyard. Will you not join heartily in the endeavor to make the report of our committee valuable? Full credit will be given you.

Very truly,

E. G. EPLER.

County Hocieties.

The Phillips County Medical Association, Twenty-Fifth Anniversay.

HELENA, ARK., January 7, 1896.

The Phillips County Medical Association held its regular monthly meeting at the city hall Tuesday morning at 10 o'clock. President M. L. Pearson presided. Drs. F. N. Burke, D. A. Linthicum, A. A. Hornor, J. H. Vineyard, M. L. Pearson, W. C. Russwurm, C. R. Shinault, G. E. Penn and M. Fink were present, and Drs. H. M. Thompson, T. C. Linthicum and J. W. Bean absent. This being the meeting for the election of officers the following were elected for the ensuing term, viz: President, Dr. D. A. Linthicum; Vice President, Dr. H. M. Thompson, of Marvell; Secretary and Treasurer, Dr. M. Fink. The reports of the treasurer and secretary showed that the society is in a highly prosperous condition. The secretary's annual report is herein given:

HELENA, ARK., January 1, 1896.

To the President and Members of the Phillips County Medical Association:

GENTLEMEN—The lines of Tennyson appropriately express the thoughts that should arise in organizations as well as in individuals, with this, the exodus of the old year and the genesis of the new:

Ring out the old, ring in the new, Ring out the false, ring in the true.

If we but pause and take to heart that old latin phrase, experienta doest omnia, on this the first meeting of the new year, a calm, dispassionate retrospection and introspection of our faults as well as our virtues, will be beneficial to us in our resolve to rectify past errors, to lift ourselves from out of timeworn grooves, to lay aside narrow and superannuated views, and brighten up our minds, our spirits and our energies.

Our virtues must have markedly overbalanced our shortcomings, it must be acknowledged, to have preserved us in our present strength and usefulness against the tremendous opposition born of ignorance and malice, to be able to celebrate this, our quarter century's anniversary.

But while this is all true, it does not behoove us to rest upon the laurels we have won, upon our established reputation, for that State or organization lives longest and is most prosperous, which in time of peace prepares for war; and which uses a happy and prosperous past only as a lesson and a spur to accomplish a more brilliant future.

To accomplish this purpose it is necessary for each member to constitute himself a committee of one not only to uphold our association whenever necessary, but by precept and example outside as well as inside its halls, aid in disseminating the principles of regular, organized medicine, which are for the general good and welfare, as opposed to the methods of the guerilla practitioner, whose aims and ends travel no further than self.

Harmony and fraternal feeling both in discussion during the meetings, as well as in the broad professional field have characterized the past year's experience. The regularity of attendance of the meetings has been all that could be desired, and where members were unable to attend satisfactory excuses in nearly all cases explained their absence. During the year one regular member has been added to our roster, whom we hope and believe will prove worthy of the pleasure and profit in becoming a part of organized medicine by membership in one of the oldest medical organizations in the State. The society now numbers twelve active and two honorary members.

In this connection it would seem to be the part of wisdom for the members to invite worthy and honorable regular practitioners in their respective localities to join us, for without the acquisition of new blood, the life of our association will be limited. The society honored itself in placing on our honorary list Dr. Wm. Atkinson, of Philadelphia, who stands preëminent among the nation's illustrious physicians for his heroic and suc-

cessful efforts in upbuilding and ennobling the profession. Three interesting and instructive papers were read and discussed by the members during the year, viz: "Erysipelas and its Treatment," 'Is Syphilis ever Curable,' and 'Malarial Hæmaturia and its Treatment,' besides the bringing up for information and discussion of surgical and medical cases occurring in their practice.

While the reporting of such cases is one of the main objects of the association, the best results would follow their presentation, if the members would be more careful in reporting essential details; thereby giving material for analytical, judicious and beneficial discussion.

Our society had a full representation at the last meeting of the State society, which by its presence and its splendid efforts previous to the meeting, assisted materially in consummating the most successful meeting in point of numbers, enthusiasm and scientific papers in the history of that organization. The officers and members of the State society were unstinted in their praise and gave us due credit for our share in bringing to pass this happy condition of affairs. And now in concluding this annual report, which marks the close of my term of office, I do so with the happy thought that during my three official terms with which you have been pleased to honor me, I have endeavored to not only keep up, but to advance the society's best interests to the extent of my humble ability, with what success, your judgment alone must decide.

M. FINK, M. D., Secretary.

Sebastian County Medical Society-Officers for 1896.

FORT SMITH, ARK., December 20, 1895.

Our society has enjoyed a very prosperous year; we have had twelve regular and two special meetings with an average attendance at the regular meetings of eleven. We have had eight regular essays and a number of reports from the various sections. We have received four new and valuable members, viz: Drs. W. R. Brooksher, Thomas Douglass, St. Clair Cooper and

— Reamy, all young and active in society work. We now have twenty-six active members, and our society, as may be judged from the above figures, is thoroughly alive and as full of interest and enthusiasm as any medical society perhaps in the country, and all those who honor us with their presence at the approaching meeting of the Arkansas Medical Society will find everything in readiness, and may be assured of receiving a hearty, whole-souled welcome by both the Sebastian County Medical Society and the citizens of Fort Smith.

At our last meeting held December 12, the following officers were elected for 1896: E. G. Epler, M. D., president; H. Moulton, M. D., first vice president; A. E. Hardin, M. D., second vice president; J. D. Southard, M. D., secretary (reelected); J. W. Breedlove, M. D., treasurer (reëlected).

Dr. Epler, president elect, is one of the best and ablest workers in the State. He attended the last meeting of the State society in Little Rock and made many friends.

Dr. Moulton is well and favorably known throughout the State, and in his specialty of the eye and ear stands, we think, second to none in the West. With two such leaders 1896 ought and undoubtedly will be one of the best years in the history of our society.

There was recently organized here "The Fort Smith Progressive Medical and Surgical Society" with six members, compounded as follows: Three eclectics, two homes, and one ex-member of this society. From what is known of the affinity between the atoms of this irregular compound, it is believed that friction, followed by a harmless explosion, may result at any moment.

Dr. C. Bevill, the genius of Scott County, was an interested and interesting visitor at our last meeting.

Dr. Hynes' absence was caused by the serious illness of his wife, who at this writing is slowly recovering from pneumonia.

Dr. J. A. Dibrell, of Van Buren, perhaps the oldest practitioner in the State, and one of the most honored and respected, is in very feeble health.

J. D. S.

Logan County Medical Society—Expulsion of H. H. Keith.

PARIS, ARK., January 6, 1896.

At the last meeting of the Logan County Medical Society held in Paris, Ark., Monday, December 2, 1895, "it was moved and seconded that H. H. Keith be expelled from this society for falsely representing himself to be a graduate in medicine. Carried unanimously. It was further moved and seconded that the secretary notify the secretary of the Arkansas Medical Society of this action and furnish a copy to the editors of the JOURNAL of the Arkansas Medical Society for publication. Carried unanimously." Yours very truly,

W. B. DEFFENBAUGH,

Secretary.

Benton County Medical Society.

[Address of Dr. Thomas W. Hurley, at its meeting in Rogers, January 14, 1896.] Gentlemen of the Society:

I deem it due to myself to state that the position I occupy before you was not one of my own seeking, nor did I accept it with the concurrence of my own judgment, but solely in deference to the opinions of my professional brethren, who from my long continuance in, and familiarity with medical organizations in the county and State, believed that I might, in a degree at least, advance the interest of our noble profession in our own community as well as to add, possibly, prestige to the organization throughout our commonwealth.

I believe that I fully appreciate the honor conferred upon me, and at this the conclusion of my year's incumbency think that I can return to you the preferment so generously bestowed, untarnished and untainted by any attempt at personal aggrandizement, bias or partiality.

I have selected for your consideration this evening a subject, or rather subjects, that I consider of the most vital importance to physicians, and most intimately and inseparably connected with what I conceive to be the main purposes of our society, and that of every similar organization throughout the State and Nation. These subjects I propose to classify and treat of (in a limited way of course), as follows: First, The Collective Investigation of Diseases. Second, Medical Expert Testimony, and third, Medical Ethics.

THE COLLECTIVE INVESTIGATION OF DISEASE.

I take up this proposition first because it most vitally concerns what I conceive to be the main object of medical organization. If I were to ask what are you here for, and what is the purpose of your assembling, what would be your answer? It is this question that I propose to answer for you, as best I can. In the first place I would say, make your society truly a collective investigation of disease. In order to accomplish as much as lieth in you, go to work at once to widen the basis of medical science, and to gather and store the mass of information that at present goes to waste, to verify or correct existing opinions, to discover laws where now only irregularity is perceived, to amplify our knowledge of rare affections, and to ascertain such points as modify the distribution of disease in the different localities of our county. Let it be our endeavor to place clearly before our society and the profession, the limits and defects of existing knowledge, as well as to stimulate observation, and to give a definite direction. It will be a not unimportant incidental result of its work should it tend, as is hoped, to the better training of the members of our society in habits of scientific and practical observation, and in systematic methods of recording the facts which they observe.

The age in which we live has seen enormous advances in the sciences on which the fabric of medicine rests, such as chemistry and other branches of physics, physiology and pathology. Each of these has taken giant strides. It must be admitted, however, that purely medical knowledge has scarcely made proportionate progress. It cannot be expected that it should do so, as it deals with the aberrations of the most complex of organisms, is of all sciences the must difficult, and demands the greatest patience and the largest accumulation of data.

Our county society is not what it ought to be, nor is it what we are capable of making it if we can be induced to put forth the proper effort, and the kind of effort that the interest, magnitude and importance of the enterprise demands. We propose to have bimonthly meetings, but what is the object of our coming together? Did you ever think seriously about the matter, and do you, as members, believe you are discharging your whole duty, one to another, in the dissemination of such knowledge as you may have among your professional colaborers in the society? Let each for himself answer this question. I am not here to upbraid or criticise.

This society, though assembled in an organized capacity, has really come together as individual cultivators and practitioners of medical science, each being under obligation to contribute his quota of knowledge on this or that subject, which may or may not have been selected for thesis and discussion before hand. And while our labors under the influence of carefully selected special subjects are not without excellent results, yet how much more profitable they might be if every member should feel an individual responsibility to do all that is possible to advance our knowledge of medicine. Our society meets bimonthly, and there is not a single member who treats less than ten cases of some sort or other in the space of two months. Now it is well nigh impossible to treat as many as ten cases without finding something that would be profitable, or at least interesting to our membership, and this will be the case whenever we are sufficiently imbued with the importance of our meetings, and then, too, our meetings will not drag along lifelessly, but will become a live, interesting and enthusiastic body, working to one aim, and that aim the advancement and promotion of its individual membership. When we can beget within us a growing feeling our influence will begin to widen, and thereby a more and better organized combination, a more intimate and better cooperation, not only the members of this society, but all the workingmen of our profession, not alone in Benton County, but throughout our commonwealth, might

sooner or later be organized into a body of fellow-workers, associated for collecting information on medical questions of vast interest, and that would extend over the widest area.

There is, perhaps, no profession which enforces upon its individual members so strongly as does medicine the necessity of continued observation and intellectual cultivation, and there is no means by which this cultivation can be so well promoted as by meetings like the present, and by the organization of active committees as auxiliaries in the promotion and advancement of the main work.

The human intellect in its single and separate operation may produce wonderful results, yet, isolated as a man may seem to be in the intellectual labor which occupies him, he makes but little progress apart from the aid and coöperation of other minds which have worked and are working in the same direction. And though, doubtless, it will always be the privilege of the highest intelligence to clear the boundaries of knowledge, and to throw the rays of their genius into surrounding darkness, yet all must be agreed on the great and almost supreme value of the intellectual coöperation of less gifted minds in the simple observation of facts, and especially when the needed facts are scattered over a wide field.

However much apart, as I say, a man may seem in the work of his intellect, he is really much less so than he seems to be, for, as we cannot refer the strength of our bodies to any particular food that we have taken, so neither can we track the thoughts of our minds to sources whence they have been fed, and, if our social nature has been raised from savagery to civilization by social combinations, it is even more necessary that our intellectual nature should be helped in its growth and nurture by such intercourse and association as are here presented, and which we propose to further advance by our assembling here this evening. The purpose we have before us, or, perhaps I should say, the purpose we should have before us, is this: To enlarge and methodize intellectual coöperation among our members to the end that, not only that the few active, but the at

present inactive, members of our profession may be combined into one or more lines of energy and investigation. I am not unmindful how much this presupposes; how it assumes the combination of exact observation and record with refined criticism and analysis; how it demands the highest scientific perception, with the humble collection of the meanest facts; how, in fine, it means the development of intellectual combination into many forms of organization which should not be one but many instruments of research. Such a forecast may, perhaps, lead some of us to exclaim, "Who is sufficient for these things?" The answer is at hand, and I proclaim it to you now: The Benton County Medical Society is sufficient for these things, and the only thing necessary is an honest, persistent, coöperative effort in this direction. Gentlemen, shall we have it? A collective investigation of disease means work that we may live, and that when our lives may end, the good work will go on, and we shall be called blessed.

MEDICAL EXPERT TESTIMONY.

There are many kinds of medical experts, but I purpose dealing with one kind only this evening. I shall attempt first, however, to give a definition of some of the terms used in that branch of the subject that I am going to talk about.

The first, psychiatry, is that part of medicine relating to cerebral diseases with mental disturbance. Alienist is a physician who devotes himself especially to insanity. Psychologist, the man who studies the mind apart from the body. But, recently in the State of Missouri, a slim, shanky and cranky, spectacled young college professor created a sensation in court when a noted criminal was being tried, by declaring the criminal to be a paranoiac. "What is paranoia?" was asked by doctors, lawyers and the people. A learned explanation was demanded and given, but as the learned judge on the bench nor any of the jury had ever seen or heard of a paranoiac, there can be no wonder that after two trials before intelligent juries they are yet unable to determine whether Duestrow was insane or not, or the expert a fool.

Before proceeding further with this part of my address I wish to say that, while I have devoted some time to the general investigation of this subject, my data have been drawn principally from the study of three celebrated cases, viz: The Rhinelander case of New York, that of Guiteau at Washington City and that of Duestrow of Missouri. Of all the cases of insanity tried in this country these are the most famous, and it may be said of them, they are typical.

Taking the history of these cases as well as many others, and I may add, some of them in our own State, I make the assertion, that before the bar of medical opinion in this country it has justly been decided that the claims of psychologists, psychiatrist, alienist, and that of all other *ist* or *gist* of professed experts, is absolutely without foundation, and that their record of contradiction, antagonism, untenability of position, confusion and conflict in weighing evidence, has been quite sufficient to destroy the confidence of the medical profession, as well as that of other people, in the credibility of medical expert testimony.

In treating of psychiatry I am considering it as a branch of insanity, and that the so-called experts who exploit themselves before the courts of the country, claiming it to be a science, are simply egotistic and dogmatic.

These so-called experts claim that their profession is a science. Let us look into this a little. The best lexicographers define science to be knowledge, or knowledge reduced to system. It denotes a systematic and orderly arrangement of knowledge, and hence they speak of reducing a subject to a science. In a more distinctive sense, *science* embraces those branches of knowledge which give a positive statement of truth as founded in the nature of things or established by observation and experiment. Has the expert psychiatrist or alienist brought his profession to a science? Not much, I think.

The fact is that the pretension of insanity experts is a stupendous bubble which needs but the most insignificant prick to have exposed the contained gas, and to have secured an inevitable collapse. One has but to remember the memorable trials

of Rhinelander, Guiteau and Duestrow to appreciate this fact, and to feel how almost hopeless is the claim of the pretentious expert that psychiatry, or insanity, if you please, has been reduced to a science. Any physician with ordinary intelligence, and who has familiarized himself with the facts in the three cases mentioned can but come to the conclusion that the only facts specially revealed were the egotism, vanity and conceit of the so-called experts employed in the cases. Like all others that testify in this way, they take or mistake mere words for ideas, dogmatism for demonstration, and assertion for proof. A very small idea dressed up in their bombastic word-livery, they hail as something marvelous and great, and if it really be appreciable in the scales of common sense and reason, the unusual fact is heralded with endless reiteration and ludicrous exultation. All that is really understood by these professional experts is certainly comprehensible to almost any physician of common sense and education.

To assume that the comprehension of all that is comprehensible in the teachings of these professional gentry is difficult, is irrational and indefensible. Certainly, if those who are admitted by their brethren (in this specialty) to be experts are to be taken as the standard of mental strength and professional acumen sufficient for the accomplishment of scientific results, it is a libel indeed on the profession to claim that its average members are not fully equal to the attainment of similar positions. What is really comprehended by the experts in insanity of to-day is comprehensible by nine-tenths of the profession, though if one were guided by the pretensions of said experts, it would be regarded as folly or impudence to make such a claim. The trial of Guiteau, and the records in the Duestrow case, have removed the veil that was once inviolably worn, and the mask which concealed so much, and misled so many, has been thoroughly stripped away. But it is proper to illustrate the truth of what is here urged, and not simply to deal in general declaration. We will take four recent and recognized works on insanity, Hammond, Mitchell, Hamilton and Spitzka. One has but to examine these four volumes cursorily to find endless antagonism, inconsistency, contradiction and ambiguity.

The last named author, who is the most pretentious, and I may also add, pedantic, after speaking in the most contemptuous terms of his contemporaries, thus attempts to define insanity. He says: "Insanity is either the inability of the individual to correctly register and reproduce impressions (and conceptions based on these) in sufficient number and intensity to serve as guides to actions in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration as subjective realities of impressions transmitted by the peripheral organs of sensation, or the failure to properly coördinate such impressions, and thereon to form logical conclusions and actions; these inabilities and failures being in every instance considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neuroses, such as epilepsy, hysteria, and chorea, of febrile delirium, coma, acute intoxications, intense mental preoccupation, and the ordinary immediate effects of nervous shocks and injury.''

Shades of Hippocrates and Galen, and all the other fathers of medicine, and men of common sense, did ye ever hear of such a conglomeration of unintelligible jargon, or pedantic gibberish?

If this distinguished author knows what he means (and no one can suppose so) it is very certain that no one else does. It may be said, however, that if he has not achieved the high object in view, he has certainly accomplished what no one else has achieved, in having written the longest, the most unintelligible, the most foolish, and the most absurd sentence to be found anywhere in general or medical literature.

I will conclude this part of my address with a quotation from a leading New York journal. In commenting on the expert testimony in the Rhinelander case, it says in part:

"One thing, however, is clear, that the evidence is not, in any proper sense, that of experts. Men, of equal eminence and

equal pretensions, cannot come to diametrically opposite conclusions upon the same data in any branch of knowledge that deserves to be called a science. This has occurred in the case of Rhinelander; it occurred in the trial of Guiteau,"-(and it also occurred in the two trials of Duestrow.-Ed.) "It is tolerably sure to occur in every case where the sanity of a man is in question and each side has money enough to hire witnesses who will swear that they are experts. These witnesses are familiar to everybody who reads the reports of these cases. There is the alienist who maintains that everybody whose sanity is disputed is sane; there is the alienist who maintains that every such person is insane; there is the alienist who maintains that certain physical symptoms of insanity are infallible; there is the alienist who maintains that those symptoms amount to nothing, and, in private, that the alienist who maintains that they do amount to anything is an impostor and a quack. The alienists, indeed, agree in nothing except in calling themselves experts, and describing this muddle of contradictions as a science.

"The truth seems to be that there is as yet no such science as these people profess, and that the pretensions of the experts are unfounded. It may be that mental disturbance, even in its earlier stages, is manifested in physical symptoms which will in time come to be recognized with certainty, and that some experimenter may yet detect the microbe of general paresis. But in the most famous of all insanity cases—that of Guiteau even a dissection of the brain after death shed no light whatever upon the discussion that had been hotly carried on when he was alive. In the meantime the alienist has no advantage over people who make no pretensions. All spend their lives in drawing conclusions upon the mental state of those with whom they come in contact, from their talk and actions. The only expertness possible is that advantage in judging which comes literally from experience. A physician who has had much to do with insane people, as in the capacity of a superintendent of a lunatic asylum, will have an advantage over physicians and over laymen in guessing whether the eccentricity of a person

obviously 'queer' amounts to an insanity which renders him unaccountable for his own actions, and therefore dangerous to be permitted to go at large. But even here the result is arrived at by guesswork. Nothing is gained, except to professed experts, who take scientific airs and pretend that this guesswork has a scientific precision and infallibility, and use long Greek words to convey that most delusive impression."

This is the most obvious moral in the cases referred to, as it is in every other preceding *de lunatico inquirendo* that comes before the courts. Psychiatry may yet become a science. So far, it is delusion; usually a sham; often a fraud.

MEDICAL ETHICS.

I have promised to say something on the subject of medical ethics, but, having already consumed so much of your time, I must necessarily be brief on this topic.

The soul of medical ethics, says Dr. H. C. Wood, is the recognition of the universal brotherhood of medicine, and the application of the golden rule, "Do unto others as you would have them do unto you." Based upon these principles, the immortal Dr. Percival, author of our present code of ethics, under the heading of "Duties of Physicians to Each Other, and to the Profession at Large," paragraphs I and 4, says: (To be read). With these principles as the moral basis the author deduces the following aphoristic rules:

- (1). To consider the doctor as a member of your own family, having an inherent right to your medical services; but to remember yourself not to abuse this right.
- (2). To consider any discovery of any invention you may make as belonging not to yourselves but to the general profession.
- (3). Never in any way to laud your own medical skill or to attempt to supplant in public or private estimation one of the medical household.
- (4). To join yourself as soon as may be to incorporated companies of your fellows for scientific and social intercourse;

and for the cultivation of that professional conscience which often binds men more closely than their personal sense of right and wrong.

(5). Through good and evil report to stand by members of your own profession, unless they be guilty of moral evil.

Transactions of the Washington County Medical Society-Stated Meeting January 7, 1896.

The society convened in the council hall, in the city of Fayetteville at 7 o'clock p. m.

Dr. H. D. Wood, vice president, in the chair.

The following members answered to roll call:

Drs. H. D. Wood, vice president, T. W. Blackburn, secretary; W. B. Welch, A. S. Gregg, A. G. Henderson, W. N. Yates, E. G. McCormick, J. H. Brewster; A. I. Moore, visiting and extended the courtesies of the society.

Minutes of the October meeting read and approved.

Dr. Welch read a letter from our president, Dr. John Young, of Springdale, expressing his regrets at being unable to attend, on account of illness.

Dr. Welch then presented the following resolution, viz.:

"Resolved, That the Washington County Medical Society hears with profound sympathy and regret of the continued illness of our president, John Young, M. D., but are gratified to know that he is steadily improving.

"Resolved, That a copy of this resolution be furnished Dr. Young by the secretary."

The committee on revision of the constitution and by-laws were granted further time.

Dr. McCormick read a paper entitled, "Hydrophobia and Rabies," a very able paper, which was cordially received and extensively discussed by members of the society.

Dr. Mock had been appointed to open the discussion, but being absent, Dr. Welch performed that duty, speaking particularly upon the probability of the communicability of the disease during the incubative period in the animal. He showed conclusively from authority that it may be so communicated.

Dr. Henderson does not believe that the disease travels in the animal by continuity of the nerve trunks, but is conveyed by the circulation.

Dr. A. I. Moore thinks that tracheotomy might tide the patient over for a few days, thus preventing death from asphyxia from laryngeal spasms.

Dr. Yates then read a paper entitled, "Puerperal Septic Conditions, How to Prevent Them, How Best to Treat Them when They Occur."

Dr. Gregg then opened the discussion, saying he did not think that curetage of the uterus for infection always safe or practicable. He thinks antiseptic douching far better.

Dr. Henderson thinks that sepsis is the result of contusion and laceration of soft parts incident to labor, and does not believe that it ever comes from without, and does not practice asepsis of the external genitals.

Dr. Welch thinks that quinine muriate in large doses is the very best antipyretic that can be used in the high temperature of paroxysmal puerperal pyæmia.

Dr. Yates does not use quinine in puerperal disease on account of its depressing effect upon the heart muscle.

Drs. Welch and Gregg each employ it in from 10 to 30 grain doses with the happiest results.

Dr. Henderson was appointed by the chair to read at the next meeting of the society, a paper entitled, "Some Observations on Pneumonia."

Dr. Christian was appointed to open discussion on same.

Dr. Brewster was appointed to read a paper on "Relapses and Recrudescences in Typhoid Fever."

Dr. Mock was appointed to open the discussion on same.

The society then adjourned to meet at 7 o'clock p. m., on the first Tuesday in April, 1896.

H. D. WOOD, Vice President.

T. W. BLACKBURN, Secretary.

Roster of County Societies.

COUNTY. MEM'S	PRESIDENT.	SECRETARY.	MEETING PLACE.	STATED MEETINGS.
Benton22	W. G. Floyd, Bentenville	C. E. Hurley, Bentonville	Bentonville	Bimensal.
Boone16]	Lead Hill	L. Kirby, Harrison	Selected by vote of society	Quarterly.
Independence23	Γ. J. Woods, Batesville	J. W. Case, Batesville		Quarterly.
Phillips				Monthly.
Prairie 8 8	F. A. Hipolite, DeVall's Bluff	J. R. Lynn, Des Arc	Des Arc	Annually,(April 15, 1896)
Pulaski 45 L. R. Med. So	A. H. Scott, Little Rock	F. Vinsonhaler, Little Rock	Little Rock	First and third Monday of each month.
Sebastian26	E. G. Epler, Fort Smith	J. D. Southard, Fort Smith	Fort Smith	Every second Tuesday.
Washington	John Young, Springdale	T. W. Blackburn, Fayetteville		

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the JOURNAL in completing the roster of county medical societies.

Successful Ligature of the Innominate Artery.

A man was recently on exhibition in London whose innominate artery was tied by Mr. Coppinger, at the Mater Misericodiæ Hospital in Dublin, in January, 1893. The operation was for the relief of aneurism of the subclavian artery. He was exhibited shortly after the operation in Dublin, and later at Newcastle-on-Tyne. The man is now 59 years of age, and is in excellent health. It is claimed for him that he is the only living example as yet exhibited in Europe of cure of subclavian aneurism by innominate ligature.

Inebriety.

Montyel concludes, inebriety is curable in one-third the cases. The basis of treatment is complete, compulsory, prolonged abstinence—without this method there is no chance of recovery. This abstinence should be supplemented by treatment of the condition of the nervous system of which inebriety is the system. The patient should be placed under discipline, subjected to an efficacious surveillance, and the duration of treatment should be at least one year.—Alienist and Neurologist.

Miscellany.

Hydrogen Peroxide Made Extemporaneously.

All who use solutions of peroxide of hydrogen are aware of the unstable character of the fluid, and the unsatisfactory results obtained from its use, however reliable the manufacturer whose product is used. In an explanatory note, in E. R. Squibb & Sons' semiannual price list, the following statement is made:

"Solutions of hydrogen dioxide are liable to continuous decomposition, and no way has as yet been found to prevent or even retard it very much. The spontaneous decomposition is slow in cold weather, but rapid in warm-slow when standing at rest, but rapid during the agitation of transportation. and nothing short of a quantitative test will determine how far the decomposition may have gone in any given specimen. These conditions have materially obstructed its use in summer weather everywhere, and have almost prevented its use in hot climates, therefore, an attempt is made here to furnish the materials for making the solution extemporaneously. The materials are put up in well adjusted equivalent quantities, with full directions for making a ten volume (about 3 per cent) solution, so that physicians, pharmacists and nurses should be able to prepare a portion of something over 473 cc. (one pint), or 500 grams by weight at the place where it is to be used within a few hours."

The price for sufficient material to prepare 500 grams of the solution is 60 cents.

We believe uniformly better results could be obtained by using the extemporaneously prepared solution than by relying on that which has been bottled we know not when, and transported, we know not where.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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16	6.6		4.00	5.50	7.50	of the Journal with copy.

VOL. VI.

FEBRUARY, 1896.

NUMBER 8.

Medical Hociety Papers.

Eustachian Obstruction from Catarrhal Conditions (Generally Called Earache).

BY FRANK VINSONHALER, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

The middle ear requires a constant and uniform amount of atmospheric air in order to maintain its normal condition. Any departure from this pressure is invariably followed by pathological changes in the mucous membrane lining the middle ear, in the articulation of the ossicles, and of the foot plate of the stapes in the foramen ovale. The mechanism of the eustachian tube, allowing the influx and egress of air by muscular movements, insures the equilibrium of the membrane tympani, allowing it to vibrate normally, and prevents the air through the external auditory meatus from driving in the chain of ossicles and the foot plate of the stapes too strongly against the fluid in the vestibule. It is well known that closure of the eustachian

tube permits absorption of the air in the middle ear, renders it a closed cavity, and sooner or later a vacuum. With all the tremendous pressure directed against the tympanum and ossicles, such a condition encourages and causes an inflammation of the middle ear cavity; serous at first nearly always terminating in the purulent form, with perforation of the drum, and drainage through the external auditory canal. This condition occurs when from inflammation or congestion the lumen of the eustachian tube is lessened in caliber or closed entirely. It occurs during an ordinary acute rhinitis, during la grippe, measles and scarlet fever, when the eruptive process occurs also in the mucous lining of the tube and prevents drainage from the middle ear cavity. It occurs during pneumonia from the invasion by the pneumococcus, the latter form of tubal inflammation being the most virulent and obstructive of all.

The condition ordinarily spoken of by the laity as earache, is nothing but an obstruction of the eustachian tube, usually an extension of a catarrhal inflammation from the throat. The tube closes, the air is absorbed, the atmosphere by pressure through the auditory canal drives in the foot plate of the stapes, and we have the pain, congestion, and serous exudation into the middle ear cavity, which, if not relieved by opening of the tube and drainage, goes on to suppuration and rupture of the drum.

These attacks of eustachian congestion come and go; they are almost invariably worse at night, and a low temperature will very quickly develop them when latent. The middle ear in this condition is as sensitive to atmospheric changes as a barometer.

This then is the pathological picture of earache, and from the conclusions one naturally draws from it there can be no division of opinion as to treatment. Open the eustachian tube and reëstablish drainage and equilibrium of the air pressure and pain will disappear, the secretions in the middle ear cavity will escape through the tube or be absorbed again.

The integument of the body is continued through the external auditory canal over the outer layer of the drum. Nature

has anticipated efforts of overzealous practitioners by covering the drum in such a way that absorption of cocaine, laudanum and the various medicaments are rendered impossible and their application useless. The popular remedy of laudanum and sweet oil owes what efficacy it possesses to the heat it contains and the power of the oil to retain it.

Hot water slowly dropped into the ear followed by hot cloths or hop bags laid over the affected side make the best form of application, the temperature of the water is in this way maintained by heat conduction. After the desired relief is obtained the auditory canal should be thoroughly dried with cotton pledgets and a warm piece of cotton left in the canal to prevent the entrance of cold air.

The eustachian tube should be opened with the Politzer air bag, the tip of which should be placed in either nasal meatus, the remaining one being closed by firm pressure of the index finger so that no air can escape through the nostrils. The bulb should be quickly compressed while the patient swallows water or pronounces the word "hic," the patient frequently complaining of a twinge of pain and soreness in the inflamed ear in addition to the sense of fullness due to the rush of air. When the Politzer bag is not available a good Davidson's syringe may be used, inserting the nozzle in the nasal meatus in the way described. One application of the inflation apparatus daily is sufficient frequently during the earaches which occur during acute rhinitis, measles, scarlet fever or pneumonia, to relieve the middle ear and prevent a suppuration. It is at just this stage when the general practitioner, if he is alert and acts promptly, can prevent a troublesome and dangerous otitis media and transform a serious pathological condition into a transient and harmless complication.

It should be mentioned, in the iterests of antiseptic purity and suffering humanity, that a good, stout toothbrush, plenty of water and some antiseptic dentifrice, applied morning and night, afford a greater safeguard against many diseases than many people are aware.—Sims Woodhead.

Extensive Burn in a Syphilitic-Uncertain Cause of Death.

BY R. W. LINDSEY, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

A young man about 25 years of age, born in Little Rock, German parentage, bilious temperament, would occasionally have chills and fever; they were always relieved by a mercurial purge followed by quinine for a few days.

About the 1st of March, 1895, he came to me with a sore on the glans penis about half as large as a 10 cent piece, round, cup shaped, broken down in center, base hard and red; when taken between fingers it felt like a bony substance. The entire glans looked red and angry and secreting a white, thin looking substance. The prepuce was tight and could hardly be retracted. I pronounced it a true chancre, or syphilis, and the inflammation of glans was attributed to the tight prepuce. He said that on Friday he had been exposed to venereal infection, and on Sunday, two weeks after that time or sixteen days from time he had been exposed, he first noticed this sore. was a hard lump which was painful when pressed upon. On the Wednesday following the glans became red and inflamed and the scab came off the sore. He called at my office on Thursday morning, lacking one day of being three weeks from the time he had been exposed to syphilis.

I gave him quinine and iron, saline cathartics and applied locally calomel and carbolized sweet oil. The inflammation soon subsided and the sore disappeared with but little trouble in about two weeks. Believing it to be a case of true syphilis, I put him on a tonic, anti-malarial and anti-syphilitic, composed of tincture of iron, arsenic and bichloride mercury. Later I changed the iron to tincture cinchona compound and the mercury from one-thirty-second grain to one-twenty-fourth grain three times daily. On the 2d of June, not quite three months from the time he came to me with the original sore, he had

mucous patches in his mouth and throat having the character or appearance of syphilitic patches.

Being convinced that it was constitutional I put him on saturated solution of iodide sodium, commencing with five drops three times daily and increasing until he was taking fifty-eight drops three times daily. During the summer and fall he took several ounces of iodide of sodium. In the latter part of October I discontinued it. On December 2 he was again at my office with sore throat. On posterior pharyngeal wall and extending behind soft palate in the posterior nares was a dirty, whitish looking deposit resembling an exudate from diphtheria, except that it was dry. When scraped it would come off in scales like bran, and when the mucous membrane was reached it would bleed. There appeared to be but little pain about the nose or throat, and but little fluid secreted. I made application to throat of equal parts of tincture iodine and glycerole of alum compound. I also passed glycerole alum compound on cotton into the anterior nares and passed it as far as I could into the nasal cavities. The local applications I made once daily and gave him tincture of iron and bichloride of mercury three times daily. This treatment I kept up for ten days when the deposit had disappeared leaving the throat red, hard and dry. This was on the 12th of December. I discontinued the local treatment and instructed him to continue the iron and bichloride. He was to come back on Sunday, the 15th, that being his day off. I intended to put him again on iodide of sodium, but that morning he was one of the unfortunate victims at a large fire in our city.

Not being at my office at the time of the fire it was some time before I reached him. His clothing had been removed. Dr. Huntley had wrapped his burns with bicarbonate of soda and had given hypodermic injections of morphine and whisky. We put him into a wagon and carried him home. I then gave him one-fourth grain morphine with atropine one-fiftieth hypodermatically and whisky by the mouth. He was warm, pulse good, about 90; breathing naturally and talked rationally.

We then examined and dressed his burns. On both his legs, from about 2 inches below the knees to the end of his toes, the external layer of skin was destroyed, and in small places or spots over the legs the deeper layer was destroyed. On the right leg from about 3 inches above and down to the ankle, the skin and connective tissue was destroyed for about twothirds of circumference of the leg anteriorly (as if something burning had lain across it at that point). On left hip the upper third of the thigh extending to the crest of ilium, covering the posterior third of the thigh and the whole of nates there was a blistered surface. The left wrist, hand and fingers were blistered. The face, extending from the upper lip and over the forehead, was red and in places was blistered. He had also received a blow on the head on the right side over the upper part of the frontal bone, producing a small puncture through the scalp but doing no damage to the cranium. On the right breast a place about the size of one hand was burned through both layers of the skin. There was also a burn on the shoulder about the same size and kind.

We evacuated the blisters, washed the burnt surface with warm solution of I to 2,000 bichloride, and covered them with carron oil to which was added two drachms of carbolic acid to the pint. The legs and hand were wrapped with 10 per cent iodoform gauze covered with absorbent cotton over which was applied loose bandages. The hip, breast and shoulder were treated as nearly as possible the same way. The face was washed with bichloride solution, carron oil applied then flexible collodion over that. He appeared to do well, had no fever, was perfectly rational, bowels and kidneys acting naturally, talked about the fire and made inquiries about the changes that had been made in the fire department. On Tuesday he got on his feet, was changed from his bed to reclining chair and smoked cigarettes with his visitors. I have since regretted this indiscretion.

That night, about sixty hours after receiving the burns, he became delirious, imagined he saw and talked with strange

things. The family became alarmed and sent for me, At 5 a. m. Wednesday his temperature was 102 1/2° F., mind wandering, restless, complained of no pain, talked incessantly, but was not violent. He had slept none during the night; would occasionally answer questions when asked. I gave him onefourth grain morphine and followed it with bromide of potassium and chloral to produce sleep. I also gave one grain of calomel every hour until ten grains were taken, which moved bowels freely; the kidneys acted freely also. The dressings were removed from the burns and reapplied. The dressings were changed daily from that time until death. The burns never had any disagreeable odor or discharge; they looked to the last as well as any burns I ever saw. His delirium grew worse; he was screaming and tossing during Thursday evening, Friday and Saturday. When not under the influence of an anodyne it required two persons to keep him from tearing his clothing and the bandages from his wounds. Saturday night and Sunday he grew quieter and was inclined to be stupid with movements mostly confined to right side. The stupor increased with heavy breathing (Monday his respirations were from fifty to seventy-five). He took fluid nourishment freely; kidneys and bowels acted naturally. Monday evening he became completely comatosed and died at 7:30 p.m. His temperature was difficult to obtain correctly, but as near as I could get it in the axilla it was never above 102 1/2° F. Dr. Bentley was with me from Wednesday morning; saw him twice daily, and assisted in dressing the burns until his death.

On Tuesday morning, December 24, about fourteen hours after death, his brain was examined. On removing the calvarium, the dura mater, over the convex surface, the brain and the membranes were congested, thick and rough. In the rough, thickened membranes were yellowish, white looking patches, varying in size from one-half to three-quarter inch in diameter, diffused or spread out over it. These had a hard, knotty feeling when the finger was passed over them, presenting to me nearly an exact specimen of what Van Buren and Keys describe as syphilitic

pachymeningitis. The vessels of the pia mater were congested, distended and had spots similar to those on the dura mater. The veins of the brain were distended. The brain appeared to be softer than normal, and when pressed upon with the knife on the cut surface, a small quantity of grayish looking substance exuded. In the ventricles was seen a bloody looking serum, and at the base of the brain was 2 or 3 ounces of sanquineous substance of the same appearance as that seen in the ventricles.

The brain was carried to my office. Mr. Suggs put it into a glass jar with a glass cover fitting tightly, and had it covered with alcohol, expecting to examine it closely when we had time. For a week I was quite busy, so it was the 5th of January when I took it out of the jar of alcohol. It was then completely decomposed to a pulpy or mushy mass, emitting an almost unbearable odor. The alcoholic solution into which it had been put was so strong that the surfaces were cooked, so to speak, so that the interior substances were not penetrated by the alcohol, hence the decomposition.

I attributed his death to meningitis, which I think was correct, but was the meningeal attack due to the burns he received at the fire or was it purely syphilitic? And did the injuries he received act as an exciting cause hastening death, which would have occurred later from the primary disease? Dr. Bentley saw the case and made the autopsy. I hope he will make any corrections or statements he may think correct and proper.

Was it Uterine Cancer?

BY T. J. WOODS, M. D., BATESVILLE.

[Read in the Section on Gynecology and Obstetrics at the Twentieth Annual Session of the Arkansas Medical Society.]

On October 1, 1893, Mrs. R., white, age 41 years, applied to me for treatment for some uterine trouble which she said had been pronounced cancer of the womb. She had been married 20 years and had borne eight children and never mis-

carried. She commenced to menstruate at 13 years of age and was regular and normal except during the periods of her pregnancy and lactation until the birth of her last child six years before. There was no history of hereditary disease in her ancestry as far as she was informed and she had always been well until her last confinement, since which she has been constantly sick. She had been constantly under medical treatment for three years, in spite of which, she grew worse. Despairing of obtaining relief from her local physicians she applied to one of the leading sanitariums of the South for treatment. The chief of that institution announced to her that her trouble was "ulceration of the womb," and to use her own words, "curetted and stitched her womb, but the stitches gave way and then the doctor had some of the scrapings examined with the microscope;" he then told her that she had uterine cancer and that the entire removal of her uterus was the only hope of giving her any relief. She declined to submit to such a radical procedure, preferring to die from the disease rather than to submit to an operation which she believed would kill her, and returned to her home in despair. After a few months, hope revived, and she decided to make one more effort and applied to me. The following are the principal symptoms related: Constant pain in the back, hips and the top of the head. Menorrhagia accompanied by an increased intensity of her suffering, which continued for seven days. There was constant leucorrhea during the inter-menstrual period, which was thin and white and not particularly offensive. Exercise aggravated all the symptoms to a degree that she could not endure any exertion. She suffered from very obstinate constipation and she attributed her sickness to some injury received during her last confinement. She was very anæmic and much emaciated but did not appear to have the peculiar cachexia which is seen in advanced case of cancer.

Physical Signs. Digital exploration revealed much enlargement and tenderness of the uterus; it appeared as if the cervix was everted and presented a rough or papillary surface.

Specular examination showed what seemed to be an expansion of the cervix, having much the appearance of a "cauliflower excresence." Introduction of the probe showed a much lengthened cavity with anteversion.

I was urged by the husband to give a positive diagnosis at once as he was anxious to have some encouragement of a successful issue as an inducement for putting the case into my hands for treatment. In spite of the fact that the disease had been pronounced cancer (epithelioma, I suppose), on close investigation I noticed that some of the most characteristic signs of cancer were wanting, viz: the hard, excavated boundary of the raw surface, and an odor which once recognized can never be mistaken, and the peculiar cancerous cachexia.

My decision was that the disease was not malignant but was originally laceration of the cervix followed by endometritis and subinvolution and gave a favorable prognosis. I supposed that the treatment at the sanitarium consisted in curetting and trachelorrhaphy.

Treatment. My treatment, in addition to appropriate tonic and analeptic remedies, consisted in the intrauterine applications of iodized phenol every three to six days and daily tamponing of the uterus with lint saturated with iodized phenol during the menstrual flow after it had been on two days. This I found to be the only way in which I could control the menorrhagia. Under this treatment the case improved rapidly and the enlarged, everted lips of the cervix became less and assumed a healthful appearance. I found as the recovery progressed that the cervix had been amputated by Shræder's method and that the incised surfaces had failed to unite.

On January 25, 1894, after three months' local applications, I performed a trachelorrhaphy which proved a success, perfect union having occurred, the uterus presenting a healthful, normal appearance except the absence of the cervix, and the patient greatly improved in general health. On February 7, she was discharged as cured. At this time the lady is enjoying good health, the only defect complained of is that the menstrual flow is a little more profuse than natural.

Without pausing to inquire whether the previous history of this case be true or not, the subject in the abstract, is to me, one of great concern as it presents two very vital questions, viz: Was this a case of cancer? Is uterine cancer curable? In my opinion this was not cancer, because as before remarked, it lacked some of the most positive diagnostic physical signs of malignant disease. Had this been malignant disease epithelioma, I think it quite clear that the amputation of the cervix was of no benefit, as it was asserted after this procedure, that the disease had so far invaded the body of the womb as to make its entire removal indispensable. Had it been cancer, the medicinal applications and the subsequent trachelorrhaphy were the means of cure, which I consider as very improbable.

In my humble opinion, which is based on a limited experience, about all that can be done for uterine cancer beyond the most meagre palliation, is to wait for the patient to die, though I have had no experience in the operative treatment of this malady. After a case is sufficiently developed for me to diagnose cancer, I never could command the courage to promise any relief from surgical removal. I cannot from my experience and observation, help having some skepticism in regard to reported cure of this terrible malady despite the assertions of such eminent authorities as Scanzoni, Rokitansky, Virchow, Klob and others that spontaneous cures sometimes occur; and that of Barker, Kiwish and others of equal eminence that recovery sometimes follows gangrenous sequestration, and that of Schroeder and others that complete and permanent recovery sometimes follows amputation of the cervix or the removal of the entire uterus.

I do not wish to be understood as disputing the truthfulness of these brilliant authorities, and my zeal for the ability of medical skill to combat, successfully, all disease, prompts me to wish that such were real; but such a fortunate result is so at variance with my own experience that skepticism to me is irresistible.

A Note on Digestive Ferments.

BY E. R. DIBRELL, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

The fact which I desire to assert is, that digestive ferments which act in an acid medium are destroyed of their power by an alkali. Also that a ferment which acts in an alkaline juice has no power whatsoever to act in acid fluid. I want to bring it to your memory that to give pancreatic ferments with effect they must go through the acid fluid of the stomach and that before they reach the intestine where only they are presumed to influence digestion, the power to operate on foods has ceased because the acids of the stomach have completely destroyed them as ferments. If you administer malt or any of the amylolitic ferments to produce their starch changing properties, they have no power whatsoever to operate chemically on starches or sugars after they have passed through the acid gastric juice. I assert by authority given in physiology that these starch changing ferments cannot act in the stomach where the fluid is acid, and because in passing through the stomach to the intestines they become influenced by the acid gastric juice, are entirely inert when they get to the intestines where they normally act in an alkaline juice,

Digestion is the process through which foods are changed chemically so that they may be absorbed. It is presumed they cannot be taken up by absorption unless this chemical change takes place. Foods mainly are proteids or albuminous substances and carbohydrates. By carbohydrates we mean the starches, sugars and fats.

The ferment pepsin in the stomach acts in .02 per cent solution of hydrochloric acid on proteid substances. But if this pepsin had been exposed to an alkali or given in an alkaline solution it would have no power to convert albuminous materials from their indiffusible to a diffusible condition. Have not some of us given pepsin in solutions of phosphate of soda or lime water or the like. The fallacy of such prescriptions are the positive assertions of physiological chemistry.

Albuminous digestion is not complete with the stomach; much proteid stuff passes into the intestine and here we meet with another ferment which continues the process but under different conditions. Here the foods come in contact with the alkaline bile and pancreatic juices which alkalinizes the chyme and immediately puts a stop to pepsin digestion. I may here state that no foods are materially affected chemically in the stomach except proteids. But the digestion of albumins continues through the instrumentality of an altogether different ferment. It acts with more avidity than does the pepsin. This other ferment is trypsin, but mind you it acts in an alkaline medium only. Now of this trypsin is subjected to the influence of an acid its digestive power immediately ceases nor is it possible to restore its potency by making it again alkaline. Then how futile must it be to give trypsin to influence intestinal digestion unless possibly after the manner of some of the chemists who envelop it in some substance which is uninfluenced by the acid gastric juice but which would dissolve in the alkaline juices of the intestine.

Now, in regard to starches and sugars, they are acted upon by two different ferments, at least different in name. In the saliva it is called ptyalin, in pancreatic juice amylopsin—amylolitic or diastatic ferments we name them. They convert insoluble starches into soluble sugars. Malt contains a similar ferment. But what I would impress is, they act in an alkaline menstrum and are destroyed of their fermentative power when exposed to an acid.

The salivary chemical change on starches through its ferment, ptyalin, is quite limited in man, the saliva acting more to stick together and lubricate the food so it may be formed into a bolus and swallowed. The food remains in the mouth for a limited period but whatever chemical change may be started by ptyalin in this alkaline saliva is immediately stopped after exposure to the acid gastric juice. The power of an arti-

ficial "amylopsin" would meet a similar fate and could not possibly survive on its way through the acid stomach and consequently would be entirely inoperative when it reached the intestine.

How many of us prescribe "malt with pancreatine" with the expectation of influencing intestinal digestion, not stopping to recall that such remedies are absolutely inoperative because they cannot go through the acid stomach without complete destruction.

Microbes and Disease Demons.

The most ancient and widespread theory of disease is the demon theory. The disease demon has now reappeared as a germ. Some thirty-six diseases, many of which are the most terrible which afflict men and animals, are attributed by bacteriologists to micro-organisms. I cannot think it can ever be true scientific medicine to pour poison into the blood current to counteract other poisons; we may in one sense convey an antidote, but we may work untold mischief by our ignorant meddling, which we have no means of combating.—Edward Burdoe, L. R. C. P. (Ed.) M. R. C. S.

Time for Active Suppression.

Some of the prescriptions given by the "great dailies" who run a "medical column" are quite able to play the deuce with the people who take them seriously, even to giving the undertaker a job.—Homæopathic Recorder.

French Brandy.

Doctor Laborde recently read a paper before the Académie de Médicine, of Paris, on the liquor supplied to the French army under the name of Cognac. The best cognac is made of the cheapest and worst spirit, flavored with oil cognac ("Bouquet de Cognac"), which in turn is derived from castor oil, cocoanut oil, and other fatty substances treated with nitric acid. "Pure Jamaica rum," sold by an English house, proved on analysis, to be of much the same quality.—Medical Record.

JOURNAL

OF THE

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PUBLISHED MONTHLY, - - -

- - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

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Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the Treasurer, Dr. A.
L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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SPACE.	One	Six	Three
	Year.	Months	Months
One-half page One-fourth page One-eighth page	\$50,00 30.00 20.00 15.00	\$30.00 20.00 15.00	\$20.00

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To the Journal of The Arkansas Medical Society, 111 E. Fifth St., Little Rock, Ark.

VOLUME VI.

FEBRUARY, 1896.

NUMBER 8.

Editorial.

The Fort Smith Meeting.

The first time the State society met in Fort Smith was in 1878 under the presidency of Dr. A. N. Carrigan, of Washington, Hempstead County. Dr. E. R. DuVal was chairman of the committee of arrangements, and welcoming addresses were delivered by General Brizzolara, mayor of Fort Smith, in behalf

of the citizens, and by Dr. J. H. T. Main in behalf of the medical profession.

The visiting physicians who came by rail, there was but one railway leading into Fort Smith then, were met by the committee on arrangements across the river opposite the town, there being at that time no bridge, and escorted across on the ferry boat to Fort Smith and distributed among the homes of the citizens, whose guests they were to be during the meeting. Mrs. Rowland kept the only hotel, a small house, in the city at that time and the few who stopped there had to run the gauntlet of hospitable citizens to keep from being taken to their homes.

The Fort Smith of that day was a blooming garden of beautiful flowers, lovely women and splendid men. To those who were the happy guests of the Border City on that occasion no further reminiscent remarks are necessary. Those who were absent have since been and always will be losers to the extent of at least three days of unalloyed pleasure and scientific study.

When the society again assembled at Fort Smith ten years later, 1888, several additional lines of railway entered the city; the former garden spots and flower beds had given place to palatial residences and commercial buildings, and the jingle of the street car bell was heard on the streets. Mrs. Rowland's famous boarding house was no more and magnificent hotels opened their portals to the visiting doctors. Across the end of one of the billiard rooms in the Hotel Main was a huge blackboard whose white painted letters and faded chalk quotations revived the story of the boom and explained the transformation of Fort Smith from a thriving town to the commercial metropolis of Western Arkansas and the vast Indian Territory.

This meeting was so recent and its results so well known that it is only necessary to refer to it to brighten the memory of the delightful occasion.

What is the Fort Smith of 1896, eight years since the society visited it last? Commence right now to make arrangements to visit one of the most beautifully situated, neatly kept,

sturdy business marts and delightful residence places to be found in Arkansas or in any other land.

Some of her several physicians have attended every meeting of the State society and their presence has without exception been felt in the scientific work and legislative deliberations of the association. Read the proceedings of the Sebastian County Medical Society and see what constitutes a live, active, working body of medical men.

The physicians of Fort Smith have already commenced active preparations for the reception and entertainment of the society. They can be depended upon to do their part and do it well.

Reduced railway and hotel rates and all other business arrangements can be looked after by the officers of the society. All of the members of the society are expected to take part in the preparation and carrying out of the official programme. Section officers must bestir themselves if they expect to get a sufficient number of papers and profitably fill their established time for section work. Members of the society in every part of the State ought to commence an active canvass for all available new members, and persistently endeavor to renew and increase the active interest manifested about this time last year. Members of the State society, all of whom receive the JOURNAL, will be informed of all of interest that pertains to the forthcoming meeting, but it must be remembered always that a most important part of the work is getting new members to join the society.

A thorough canvass of the State is being made with the intent of obtaining the name of every reputable regular physician in the State. Circulars and sample copies of the JOURNAL will be sent to every one whose address we can obtain. A good word in season will do much to impress upon indifferent ones the benefit to be derived by the individual physician, the medical profession and the people generally from affiliation with medical organization

Let us all go to work with a vim for the success of the Arkansas Medical Society at Fort Smith, April 29, 1896.

Smallpox Spreading in Arkansas.

Smallpox, which commenced in Clay County last fall has spread to Mississippi, Crittenden, Lee, Monroe, Prairie, Pulaski and Faulkner counties, with still other localities to hear from. It has disappeared from Clay and Mississippi counties, where it afflicted a considerable number of persons, and in Pulaski where only four cases occurred. Besides the cases and deaths in Clay and Mississippi counties, which have already been mentioned in a previous issue of the JOURNAL, the latest reports show the following conditions:

Crittenden County, 24 cases, 5 deaths; Faulkner County, 27 cases, 4 deaths; Lee County, 12 cases, 3 deaths; St. Francis County, 16 cases, 6 deaths; Pulaski County, 4 cases, no deaths; Monroe County, 24 cases just reported.

The subjoined table will show how Arkansas has unnecessarily suffered from the scourge within the last twelve months:

Places.	Cases.	Deaths.	Remarks.
Hot Springs	192	43	None since last spring.
Clay County	46	14	No cases now.
Mississippi County	75	13	No new cases.
Crittenden County	24	5	Spreading.
Faulkner County	27	4	Under control.
Pulaski County	4	none	No new cases, old ones discharged
Lee County	12	3	
St. Francis County	16	6	20000000000000000000000000000000000000
Monroe County	24	none re-	Spreading.
Hot Spring County	4		Last spring.
Clark County	I	1	
Prairie County	8		Just reported.
Lonoke County	I		Last Spring.
Phillips County	8	I	Just reported.
Total	442	90	

The above table will do to preserve and show to the candidates for the legislature with the impressive reminder that all the last legislature did, in the face of the strong appeals and indubitable evidence of the necessity for an appropriation for the State board of health, was to set aside \$2,000 to be expended by the governor in case of threatened epidemics. Our present State board of health is efficient in every thing except necessary funds. Its members are capable and willing but their hands are tied.

"The Silver Craze."

This heading is not appropriated with the intent of writing anything on the financial question but simply to attract the reader's eye and ask him to read this JOURNAL carefully at least from now until the Fort Smith meeting so as to keep posted on medical matters in Arkansas. If he does this it is 16 to I he will attend the next meeting of the Arkansas Medical Society and participate in the free and unlimited discussion of medical topics without regard to any other nation. If the "gold bugs" cannot be dispatched at Fort Smith a very entertaining time may be had debating the biology of the bugs, bacteria and bacilli that infest all human beings regardless of their financial views or past party participation in politics.

It is safe to predict that if as much attention is paid by medical men to medical matters as they will devote to politics during the next few months, many, very many, new faces will be seen at Fort Smith, April 29 that never appeared at a medical meeting before.

Cold in the Head.

Gelsemium is the most potent drug known for the relief of this unpleasant condition. If taken early, drop doses of the fluid extract administered hourly, usually secure most satisfactory results.—*Medical Summary*.

Editorial Notes.

To be, or not to be, at Fort Smith April 29, 1896, that is the question for each member of the Arkansas Medical Society to decide, and decide early and in the affirmative.

Arkansas loses every year by removal to other States some of her good physicians. The JOURNAL does not view these occurrences with the alarm they formerly caused. The rolls of members of the society and the mailing list of the JOURNAL tell us that if the future be judged by the past, most of them will come back to our State and love her all the more for having seen so many other places they liked less.

A new discovery in photography is announced by which certain objects can be photographed through interposing opaque substances, such as pasteboard, wood, leather, flesh, etc. The wonderful discovery was made by Professor Roentgen, who was enabled to photograph coins in a purse, bones through flesh, etc., by means of a Crooke's tube applied in connection with a camera. The newspaper and technical journals are full of tales of the marvelous results already obtained and possibilities yet in store for this new process. So far as its use in medical science is concerned, it promises to be a very important aid in diagnosis in certain conditions. The whole human skeleton has been photographed in the living body. Bullets, needles and other foreign substances lodged in the body have been located by its use. This is truly a wonderful discovery and there is no telling what its practical results will be.

It seems that the recently organized St. Louis Academy of Medicine and Surgery has a very severe critic in the person of the editor of the North American Medical Review published at Kansas City, Mo. The subjoined is taken from that journal:

"Wrangledom (or the City of St. Louis) has another medical society. 'Moses' Lanphear, who went from this city at \$75 a month to deliver the St. Louis College of Physicians and Surgeons from the wilderness and slipped and fell, and Dr. Ball, the meteoric mascot of Missouri, have started it. A sufficient number of physicians have joined to give it a name and to render aid to the practices of the promoters."

The above is rather tinged with personality.

The JOURNAL knows none of the members personally, though the names of at least two of them appeared on last year's programme of the Arkansas Medical Society. They wrote to the secretary requesting to be put down for papers. Their requests were granted but they neither came nor sent excuse.

Talk vs. Action.

It may be remembered that during the last legislature in his plea for the passage of the bill to reëstablish the county boards of examiners, "Doctor" Clements vehemently pleaded for the local doctor and stated that some of the best doctors he ever knew never saw a medical college; that some of the biggest fools he ever saw had been to Europe and had two or three diplomas; that God calls a man and then fits him for the practice, etc.

It is very evident the learned Dr. Clements is either not a firm believer in the doctrine he so rabidly proclaimed or that he does not think that there are any divinely called and fitted doctors in his vicinage. His friends in Little Rock were recently surprised to see him on the streets of the capital with his eye bandaged and still more were they astounded when they learned that he had come all the way from Yell County to have one of these diplomated, Europe-traveled doctors remove a pterygium from one of his eyes. Talk in the Arkansas legislature is cheap, but an eye in the head is valuable and not to be trusted to the tender care of one of the kind of doctors whom the legislator praised but did not patronize.

The Arkansas Medical Hociety.

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The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

Committee of Arrangements—(Selected by the Sebastian County Medical Society). J. G. Eberle, Chairman, W. W. Bailey, E. G. Epler, D. M. Gardner, H. Moulton.

Committee on Credentials—Geo. F. Hynes, Chairman, T. J. Wright, F. Vinsonhaler.

COMMITTEE ON STATE MEDICINE.

E. G. EPLER, Chairman, Fort Smith.

COUNTY.	NAME.	POST OFFICE.
Arkansas	W H Morehead	De Witt
Ashley		
Bayter	I. B. Simpson	Mountain Home
Baxter Benton	C. E. Hurley	Bentonville.
Boone	John Bolinger	Lead Hill.
Carroll		
Clark		
Clay	W. B. Shields	St. Francis.
Cleburne		
Cleveland	W. W. Breathwit	Kingsland.
Columbia	W. N. Warren	Buckner,
Conway		
Craighead	C. M. Lutterloh	Jonesboro.
Crawford	M. S. Dibrell	Van Buren,
Cross	J. L. Hare	
Dallas	Z. J. Lantorn	Dalark,
Drew	F. M. Loper.	Monticello,
Franklin	H. H. Turner	Ozark,
Garland	W. H. Barry	Hot Springs,
Hempstead		
Hot Spring	J. F. Graham	Malvern.
Howard	J. T. Whitmore	Centre Point,
Independence	W. B. Lawrence	Batesville,
Izard		
lackson	J. S. Graham	Tuckerman,
Tefterson	Z. Orto	Pine Bluff,
Johnson	G. D. Huddleston	Lamar,
Lafayette	F. W. Youmans	New Lewisville,
Lawrence	W. I. Hatcher	Imboden.
Lee	T. J. Robinson	Marianna,
Lincoln	E. T. Pry	Douglas,
Logan	E. T. Powell	Magazine,
Lonoke	F. A. Com	Lonoke,
Marion		
Miller	W. C. Spearman	Texarkana,
Mississippi	R. C. Prewitt	Osceola,
Monroe	E. T. Murphy	Brinkley,
Nevada	E. R. Armistead	Prescott,
Ouachita	A. B. Loving	Camden,
Phillips	M. Fink	Helena,
Polk	I B. Sutherland	Cove,

COMMITTEE ON STATE MEDICINE-Continued.

COUNTY.	NAME.	POST OFFICE.
Pope	J. A. Westerfield	Atkins,
Prairie		Des Arc,
Pulaski	R. B. Christian	Little Rock,
	W. R. Cason	
	A. A. Sanford.	
Sebastian	E. G. Epler, (Chairman) Fort Smith,
Sharp	John Johnston R. S. Blair	Sidney,
Stone	R. S. Blair	Mountain View,
	W. R. Greeson	
	A. G. Henderson	
White	J. M. Jelks	Searcy,
Woodraff	L. A. Jelks	McCiory,

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.		NA	ME.	POS	T OFFICE.
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COMMITTEE ON STA	TE MEDICAL LEGISLATION AND EDU	CATION—Continued.
COUNTY.	NAME.	POST OFFICE.
Randolph		te Society resides in this County,
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Searcy	A. A. Sanford	te Society resides in this County
Sebastian	B. Hatchett No member of the Sta	Fort Smith,
Sevier	No member of the Sta	te Society resides in this County,
	John JohnstonJ. R. Carson	
Store	R. S. Blair	Mountain View,
Union	No member of the Sta	te Society resides in this County,
Washington	W. R. Greeson	Clinton,
White	D. H. Stayton	Searcy.
Woodruff	L. A. Jelks	McCrorv.
Vinsonhaler, Little Rock.	-J. W. Hayes, Chairman, Mariann	a; J. T. Jelks, Hot Springs; F.

Correction of Errors in Roll of Members.

In the list of members as printed last month several errors have been noted as follows:

- Dr. I. M. Poynor, Carroll County, not J. M. Paynor.
- Dr. W. B Barner graduated from the College of Physicians and Surgeons, New York, instead of from Vanderbilt University as it was printed.
- Dr. C. P. Merriwether (not Merriweather as erroneously printed) graduated from the Missouri Medical College, and not from the Memphis Hospital Medical College.
- Dr. C. E. Nash is a graduate of the University of Missouri, now the Missouri Medical College, and not from the College of Physicians and Surgeons of New York.

The name of Dr. W. A. Reese, of Eureka Springs, Carroll County, graduate of the Missouri Medical College, was erroneously omitted from the list of members. Dr. Reese attended the last meeting of the State society in the capacity of a delegate from the Eureka Springs and Carroll County Society. The committee on credentials placed his name on the list of delegates, but accidentally failed to place it on the list of applicants for membership.

Lively Work Necessary.

The time for getting up the programme is short enough and not to be wasted in formalities. Section officers will find that it will require the liveliest kind of work to induce members to write papers and send in their titles in time. Most medical societies in other States are generally over stocked with papers and a time limit has to be put on their reading in order to give all the authors a chance. As stated last year a good paper is never long and a poor one is never short. In our society we have never found it necessary to put any limit on the time to be occupied in reading papers. Our members do not contribute them for self advertisement as few of them occupy positions to be benefited by axe-grinding such as is carried on in too many medical organizations. Our gatherings partake more of the nature of love feasts, where neither rival interests nor institutions are working for preferment. We dwell together in harmony and work for the good of all.

Backwardness in presenting papers can only be accounted for on the theory of modesty. First-class ability is plentiful with our doctors and their hearts are in the right place, but diffidence in medical men is hard to overcome and the most delicate tact is sometimes necessary to induce them to appear before a body to deliver their addresses. The sections are all officered by good men and they will not fall short of their duty in any respect.

In order to facilitate matters members who desire to write papers ought to send the titles of their subjects to the secretary of the State society as soon as possible. Only two more numbers of the JOURNAL will be issued before the meeting. As usual we desire to publish the titles of all the papers so that all may have an opportunity to look over the field and select the subjects which they desire to discuss.

Dr. Deffenbaugh's Resignation as Chairman of the Section on Surgery.

Dr. W. B. Deffenbaugh, of Paris, has written the secretary a letter from which the following is extracted:

"Recent changes of a business nature have induced me to conclude to move from the State, and as I will in all probability be gone before the meeting, the 29th of April, I thought best

to inform you of the fact so that some one may be selected to take my place in the work.

"I do this reluctantly as I had hoped to be with the members at the next meeting. I feel gratified for the honor conferred upon at the last meeting and would have tried to make amends for inexperience and inability with zeal for the cause and industry in the work. I trust some one more worthy and able may be selected to do the work. With best wishes for the success of the coming meeting and for the cause of medicine in the State, I am, very truly yours,

[Signed.] "W. B. DEFFENBAUGH."

Dr. Deffenbaugh's removal from the State comes at a most inopportune time for the section on surgery, but we are assured nothing but the most urgent consideration could have induced him to present it at this time. The constitution makes no provision for filling vacancies but the JOURNAL takes the liberty of requesting Dr. J. A. Westerfield, of Atkins, to assume the duties of that position. Dr. Westerfield has shown by his work in the surgical section that he is well qualified for the position. His acceptance will assuredly be an accommodation to the officers of the society and the surgical section.

Letter from the Chairman of the Committee on State Medical Legislation and Education.

HOT SPRINGS, ARK., February 11, 1896.

Dr. L. P. Gibson, President of the Arkansas Medical Society, Little Rock, Ark.:

MY DEAR DOCTOR—Since you have honored me with the chairmanship of the committee on medical legislation and education, I have scrutinized closely our laws bearing upon this very important branch of State government and I regret to say that I find them very imperfect.

The veil of prejudice which has so long obscured the wonderful resources of this great commonwealth is just now being lifted by our unexcelled products as exhibited at the great ex-

positions of recent years; capital from the North and East is being brought here for investment; the immigration wagons are entering our borders from all directions; but it must not be overlooked, that before the immigrant and intelligent capitalist come to stay, they will scrutinize well the State laws and all their provisions, particularly sanitary laws and sanitary conditions of localities. The State government is, and should be, responsible for the sanitary condition of its entire confines, as much as for its criminal or civil laws. The State government should not only realize its sanitary obligations, but provide itself with the means of combating diseases already in our midst and preventing their repetition by intelligent application of sanitary laws. Arkansas is lamentably deficient in the board of health law, as well as in the provisions for carrying out the same, and it was, I believe, with this fact in view that our committee was created.

Will you be kind enough to announce a meeting of this committee at 10 a.m., on the second day of the meeting of the Arkansas Medical Society at Fort Smith, and urge a full attendance of same?

Fraternally yours,

THOS. E. HOLLAND, M. D.

The chairman's pertinent letter leaves very little to be said. We understand that it is the plan of the committee to effect a thorough organization at Fort Smith, April 30 (second day of the meeting). To the end that the work of the committee may be thoroughly laid out it will be necessary for the different members of the same to bring with them to Fort Smith full data on the past working of our medical laws and the present conditions demanding remedy. It would facilitate the work of the committee if it could have the name, address, and all other recorded facts concerning every practitioner in Arkansas.

One thing is very important and that is, that every member of the committee should attend its organization, or in cases where it is found impossible to be present the absent one should notify the chairman of such inability and depute some one from his county to act in his place. Or, in case any one cannot or will not serve, the fact should be communicated to the chairman at once so that important positions will not be vacant, or which is practically the same thing, filled by those who do not intend to assist in the important duties of the committee.

Professor Roentgen Discounted.

Thinking of Professor Roentgen's discovery recalls an ancient anecdote of Dr. Webb, an old time citizen of Little Rock, well known for his eccentricities, who was murdered for his money just after the close of the war. It is related that on an occasion while he was coming up the Arkansas River in a steamboat he very suddenly stampeded a party of ladies by claiming for a spyglass which he held in his hand the identical power just discovered by Professor Roentgen. While seated on the forecastle in the presence of a company of ladies and gentlemen, he was surveying the far away objects through his spyglass. Several of the ladies took a peep through the instrument and marveled at its power. Presently the doctor focused his glass on a farm house far up the river and proceeded to describe in words of astonishment the wonderful power of his glass which enabled him to see right through the walls of the building and behold every action of the inmates. After the doctor had finished the survey of the mansion he commenced to slowly turn his instrument in the direction of some of his lady companions with the evident air of one who intended to test the power of his glass on near as well as distant objects. There was instantly a confused gathering up of skirts, dodging behind smokestacks and other convenient cover in mad haste to reach staterooms at the part of the boat farthermost from the observatory of the learned investigator with his magic instrument. Maybe the doctor between his moments of hilarity on that occasion mused about what a wonderful thing it would be if somebody could invent some kind of a machine that would enable the human eye to penetrate opaque barriers to the sight.

County Hocieties.

Roster of County Societies.

COUNTY, MEM	S PRESIDENT.	SECRETARY.	MERTING	PLACE.	STATED MEETINGS.
Benton22	Bentenville	Bentonville	Bentony	ille	Bimensal.
Boone 16	J. T. Tipton, Lead Hill	L. Kirby, Harrison	Selected of socie	by vote	Quarterly.
Carroll and Eureka Springs					
Independence23	.T. J. Woods, Batesville	J. W. Case, Batesville			Quarterly.
Jackson15	J. M. Green Newport	J. M. Jones Newport	Newpor	t	Monthly.
Jefferson 30 .	J. W. Withers Pine Bluff	J. P. Runyan Pine Bluff	Pine Bl	uff	Monthly.
Phillips	D. A. Linthicum,				
Prairie 8	F. A. Hipolite, DeVall's Bluff	J. R. Lynn, Des Arc	Des Arc		Annually,(April 15, 1896)
Pulaski 45 L. R. Med. So					
					Every second Tuesday.
Washington					

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the JOURNAL in completing the roster of county medical societies.

Sebastian County Society.

The January meeting of the Sebastian County Medical Society, one of unusual interest, was held in Dr. Hardin's office. Those present were the president, Dr. Epler, and Drs. Wright, Hardin, Saunders, Eberle, Ramey, Brooksher, Hynes, Hutchett, Cooper, Gardner, Gant, Moulton and Southard.

The annual addresses of Drs. Wright and Epler, retiring president and president-elect respectively, were listened to with interest and profit. They were both timely and to the point.

Our society has never been in a more active and prosperous condition than at present, as it enters upon its twenty-third year.

Dr. Ramey, who recently joined our society, gave us a most excellent paper upon "the antitoxines."

Dr. Minnie Sanders, the only lady member we had, has withdrawn her membership. She was recently married to Mr. H. C. Armstrong, a prominent and successful young business man of Fort Smith, and has retired from practice.

The committee of arrangements for the State meeting, made a statement through its chairman Dr. Eberle, which showed that they have already been at work. This committee is composed of five men peculiarly "fitted and well qualified" for the work they have in hand, and all those who attend the Fort Smith meeting may be assured of a good time.

On March 22 our society reaches its twenty-second milestone, having been organized twenty-two years ago with fourteen members, only four of whom are members to-day, viz: Drs. J. W. Breedlove, W. W. Bailey, J. W. Sorrels and A. Dunlap, most all the others having crossed over the river and joined the majority.

Our next meeting will be held February 11, at Dr. Ramey's office.

J. D. S.

Independence County Society.

The Independence County Society met on February I. There was a fine attendance of members and more interest is being manifested. We expect to send a fine working delegation to Fort Smith in the spring.

Important Notice to County Societies.

The attention of the county societies is particularly called to the following provision of the constitution:

ARTICLE VIII.

SECTION I. Each county society shall forward to the board of censors for approval, through its secretary, two (2) copies of its by-laws, with the names of its officers and members.

SEC. 2. The county societies shall report annually to this society a list of their officers and members, and new rules which they may adopt and such other matters as they deem interesting.

If a name of a member is omitted from this report that was contained in the last preceding report, the county society must explain the omission by stating whether the member whose name is omitted is dead, has withdrawn, has been expelled, suspended, or whatever is the fact; and no one not a member in good standing in his county society can be a member of this society.

Scientific Foods.

The "scientific food" theory has had a setback, having been "weighed in the balance and found wanting." A detachment of fifty men of the United States Army were sent out for a three days' march with "scientific rations" in their haver-sacks—little tablets of highly concentrated essences of coffee and bread—which it was imagined, would be as serviceable as the bulkier drink and food in their usual form. At the end of the first day forty men were doubled up with cramps—their digestive organs could not assimilate the concentrated food, or were not satisfied with it, so the experiment was a failure.

Man cannot exist on a chemical diet, for the plain reason that he is a man and has physical requirements and functions which demand food in other forms. Much may, of course, be done by science to improve food supply, to render it more wholesome, more efficient, perhaps more convenient and portable, but beyond such limits it can scarcely go. Bread is the "staff of life," and with meat, fruit, vegetables and other adjuncts, is apparently destined to remain so to the end of time.

—New York Tribune.

Atrophic Rhinitis.

Dr. Joseph Gibb, in the *Medical News*, recently called attention to the value of zinc stearate in the treatment of this malady.

Belected Article.

"Toxin." a Novel.

A remarkable novel has recently appeared written by the famous "Ouida." It is "an up-to-date" affair, and is called "Toxin," receiving its title from the fact that the toxin of diphtheria is employed by the villain to rid himself of his rival.

This in itself would hardly suffice to attract our attention, since novelists from time immemorial have made use of powerful and strange drugs to dispose of their victims, but the villain happens to be an experimental physiologist, who has been much engaged in scientific research, and so the authoress, who has evidently joined the antivivisectionists, makes a fierce attack not only on those who directly make use of the lower animals for experiment, but her words are leveled against scientists in general; her villain is taken as the type of the modern man of science. He is a man without humanity, cruel, unsympathetic, knowing no other law than his own necessity.

The man of science of to-day, according to "Ouida," uses his wisdom as tyrants in former ages used their brute force. Speaking of him she says:

"The infliction of death was nothing to him. He was used to kill as he was used to torture, with profound indifference, with no more hesitation than he ate or drank, or fulfilled any natural function of his body. To obtain knowledge, even the approach of knowledge, he would inflict the most agonizing and most endless suffering without a moment's doubt or regret."

From his boyhood upward he had always lived in the "hells" created by modern science, "wherein the bodies of animals suffer, the souls of men wither and perish."

And so the scientist does not hesitate to inject into the veins of his sleeping friend, who was recovering from diphtheria, the toxin of the disease instead of the anti-toxin, for, as the writer states, "what was the man lying sleeping there to him?

Only an organism like those which daily he broke up and destroyed and threw aside. His professional conscience, which would have shrunk from giving the disease, did not shrink from making death certain where it was merely possible. He did but add a stronger poison to that which nature had already poisoned."

According to "Ouida," for the scientist there is no such thing as crime or virtue, "only lesions of the brain and absence of temptation and opportunity." And so "there is no sanctity in life for the wise man; to kill a man who stood in his way was no more than to kill a mole." Of course, the modern man of science is a woman-hater; "he likes her best on the operating table," and the villain in the story does not love the woman for whom he kills his rival, he merely wishes to have the satisfaction of dominating over her, and though she marries him it is a sort of hypnotic influence that forces her to it All this brutality, according to the authoress, is engendered by the modern scientific laboratories, which "justify and make permissible any action, providing the catastrophe is deemed necessary to the operator." The doctor in the story is asked "if creatures to interest him must not suffer?" and he coolly replies "certainly;" and again he is asked if "there are not many men of science, many surgeons whose desire is to console, who care for the poor human material on which they work?" and the answer comes, "there are some, but they are not in the front ranks of their profession, nor will science ever owe them much."

What a libel on the noble men of science who have given their lives and their comfort, who have toiled day and night, that coming generations of men might have less sorrow among them. No mercy in science, no kindness, only egotistic brutality. Wrapping herself in the dignity of a prophetess, the antiscientist exclaims that "the time is nigh at hand when there will be no priests and kings but those of science, and beneath their feet the nations will grovel in terror and writhe in death." We poor votaries of science had no idea that the reign of the kingdom of reason was so near at hand. We have been content to let others enjoy the good things of the earth while we

starved and toiled; but if we are coming to our inheritance at last, and will have unlimited power, let us not worry any longer about the antivaccinists and the antivivisectionists. We will reserve them for the time when we can use them for experiment.

We would advise "Ouida" to organize an antiscience society, have the hands on the dial of progress turned back a few centuries, and any addition to our knowledge considered an offense, punishable by death—the only form of cruelty permissible that of man to man. It is, indeed, a new teaching that would have us believe that all the strivings of a Claud Bernard, a Pasteur, a Virchow, and a Koch, served merely to gratify their own brutish, murderous tastes; that they were born murderers. No doubt Lombroso will be called in to show the stigmata of degeneracy in them, and the experimentalist will have his lineage traced back to the priests of the Inquisition, or perhaps to the cannibals, from whom it will be shown he inherited his terrible cruelty.

It is a very common idea among the laity that the surgeon loves to use his knife, and cares naught for the patient, and this popular idea has been taken hold of and fitted together with a few stock antivivisection phrases, and applied by the writer to the whole of science. We hope that science will recover from this terrible attack.—Medical News.

Local Application of Carbolic Acid.

A diabetic male had an insignificant wound of the leg dressed with a compress soaked in a weak carbolic acid solution; this induced gangrene, which increased in size daily. The patient went to an empiric who replaced the carbolic acid by an ointment of some sort, when gangrene was arrested. Another case, an alcoholic, had sclerosis and perforating ulcer of the left great toe, which was dressed with carbolic solution, I to 40; on the second morning all the end of the toe was gangrenous. These cases show the dangers which may result from the local application of phenic acid, especially if made by the patient himself. Caution should always be exercised in the use of carbolic dressing. The danger is greater when from any cause the tissues have less than their normal vitality.—Normandie Medicale.

Personal and Miscellany.

Dr. W. L. Harper, of Park Place, Lee County, was recently married to Miss Bessie Yarbrough.

Dr. W. S. McKnight, of Lee County, has removed to Texas. Prediction: He will come back to Arkansas.

Dr. Ferrill has removed from Palestine to Marianna.

Dr. John Watkins has resigned from the Independence County Medical Society on account of changing his residence to some other part of the State.

No doubt the representatives to the next legislature from the counties invaded by the smallpox will be earnestly in favor of an appropriation for the State board of health.

Dr. C. U. Harrison, after a post-graduate course, has returned to Pine Bluff to practice.

Dr. S. L. Vaughan, of Sulphur Rock, has been seriously sick.

Dr. J. H. Smart has removed from Pine Bluff to Dallas, Tex. Prediction: He will come back to Arkansas.

Dr. T. D. Merritt, a member of the Logan County society, will shortly move to Texas. Prediction: He will come back to Arkansas.

Dr. Emmet McGaughy, of Corner Stone, Jefferson County, died January 9, of heart disease, age 35 years.

On account of recent changes of a business nature Dr. W. B. Deffenbaugh has concluded to remove from Arkansas. Prediction: He will come back to Arkansas.

Dr. Adam Guthrie, Jr., is now in St. Louis, but will leave shortly for New York to attend a post-graduate course.

The friends of Dr. T. E. Murrell, who is so well known in Arkansas, will regret to learn that on account of bad health he has been compelled to leave his home, St. Louis, for several months' sojourn in a milder climate. It is a sincere pleasure to be able to state that his health is rapidly improving and that it is expected he will soon be able to resume his professional duties in St. Louis.

Drs. Z. Orto and J. P. Runyan, of Pine Bluff, have purchased the large building at Pine Bluff known as the Brunson residence and are fitting it up for the uses of a private infirmary which they expect to open on March 1.

Dr. J. W. Hayes writes from his home in Marianna as follows: "I have sold my nice residence here and expect to move to St. Louis to practice my profession, about the first of next month. I don't think I will run out more than two or three of the biggest doctors my first year. One of my chief regrets in leaving my old home and this State, is my separation from our county and State medical societies. I will always take the JOURNAL and doubtless feel more interest than many who are privileged to live here. My bad health is due entirely to causes of a malarial nature, and is relieved at once without medicine as soon as I get out of this belt, and comes on me in a week after my return here. I have been here now just nineteen years, and my attachment for the place and people is strong." Prediction: He will come back to Arkansas.

Drs. Deffenbaugh and Hayes have taken an active interest in the medical organizations to which they belong and their removal from the State is more than a loss to the respective localities in which they have lived, worked and made friends. The JOURNAL wishes them abundant success wherever they may go. They will do well anywhere; such men never fail, and when they shall have accumulated enough of this world's goods on which to retire from active practice we hope they will return to Arkansas and spend the rest of their days in happiness.

Fees of Medical Examiners for Life Insurance.

We have received the following circular:

(COPY)

At a regular meeting of the Sacramento Society for Medical Improvement, held January 21, 1896, the following preamble and resolutions were adopted, and copies ordered sent to the medical journals and to medical societies in general, in order to obtain concerted action on the part of the profession:

WHEREAS, The New York Life Insurance Company and the Equitable Life Assurance Society have recently adopted a graded scale of fees for medical examinations, the practical effect of which will be a reduction of the medical examiner's income from these sources by about 40 per cent; and whereas, these companies, claiming to be amongst the largest and strongest in the world, have, hitherto, in common with all other first class "old line" life insurance companies, paid a uniform fee of \$5 for medical examinations, insisting that the same care be used in examining applicants for small as for large policies; and whereas, under the proposed schedule, no reduction is made in the amount of work performed or in the degree of responsibility exacted; therefore be it

Resolved, That we, as physicians, recognize that all life insurance is based on mortality tables and on the probable life expectancy of the assured, in arriving at which, the medical examiner is the most important factor, and that in the past he has been the most valuable as well as the most essential feature in the establishment of life insurance companies.

Resolved, That we cannot recognize, as a principle governing our remuneration for exactly similar services, the amount of premium paid by the applicant, or the profit derived by the company from any individual risk.

Resolved, That such methods, having no foundation in reason or justice, are contrary to all business principles, and must inevitably lead to a lower standard of examinations, with correspondingly disastrous results.

Resolved, That the Sacramento Society for Medical Improvement protests against methods that are unfair, irrational, and indefensible, and, on behalf of its members, pledges them to absolutely decline to examine applicants for life insurance for any "old line" company, for any fee less than \$5, for each and every examination made.

Resolved, That copies of these resolutions be transmitted to every medical society in California, to all State medical societies, and to the American Medical Association, requesting that concerted action be taken in the premises.

(Signed): THOS. W. HUNTINGTON, Ch'rm.

(Signed): W. J. HANNA,

(Signed): JAMES H. PARKINSON.

The society believes that success can only be attained through agitation and organized opposition, so that this movement, now confined to two life insurance organizations, may not be adopted by all the "old line" life companies. In forwarding these resolutions, the society asks you to give the matter the widest publicity, and to, as far as possible, procure similar action on the part of medical societies in your vicinity.

(Signed): J. A. NELSON, (Signed): J. H. PARKINSON,

Committee.

Sacramento, Cal., January 25, 1896.

Much has been written on the above subject recently. The matter has been discussed in societies and journals and will continue to be discussed a little while longer, but that is all it will amount to. The insurance companies are governed by the "laws of trade" the same as any other commercial organization. The law of supply and demand is rigidly adhered to in the employment of medical examiners. There are more competent physicians wanting to be examiners than the companies care to employ, hence the fall in price.

There is no more sentiment about a life insurance company than there is in any other grasping corporation of the same magnitude. Some time ago the local surgeon of one of our railways was dismissed and another surgeon employed in his place. In making the change the chief surgeon wrote to the displaced local assistant that his work had been perfectly satisfactory in every respect and he was satisfied his place could not be filled, "but," continued the chief, "it is results we are after; we can get a man to do the work for less money, and while his results will not be as successful as yours he will be cheaper and the company will be better satisfied."

So it is with the insurance companies, it is results they are working for, and they are not so ignorant as not to know that in the present overcrowded condition of the profession there are plenty of available men who would be glad to have the job at any price, and to whom \$3 would be regarded as a pretty good little "pick up" that does not interfere with private practice. Not long since the writer received the following letter (names omitted):

(COPY)

DEAR DOCTOR—The following circular has been issued concerning medical examiners by Mr.———, president of the ———— society, — Broadway, New York:

"On and after September 1, 1895, fees for medical examinations for the society will be uniform throughout the United States, the Canadian provinces and New Foundland, and will be at the following rates:

N. B.—Installment insurance is reckoned at its commuted value."

 will be able to write. This schedule will be in effect on and after the 20th day of October, 1895, in our territory.

Most truly yours,

Medical Directors.

To the foregoing the following reply was in substance, sent: Medical Directors, etc.:

DEAR DOCTORS—Your circular of —— date has been received. It is plainly inferred that in the future you expect your examiners to either make their examinations thorough or indifferently according to price paid, or that the same amount of work is expected for \$3 as for \$10.

I have never made any life insurance examinations for less than \$5, and I cannot now see any reason why I should charge your company \$3 for the same service I charge my private patients, (friends and neighbors) \$5 for.

Please accept my resignation as one of the examiners for your company at this place.

Yours truly,

_____ M. D.

Now what was the result? In less than a week another physician of the same city, belonging to the same medical society and having his name signed to the same fee bill (which says "it shall be considered as unprofessional to reduce the standard fees with a view to mercenary competition") accepted the position on the "sliding scale" and jumped at it as quickly as the traditional small-mouth black bass goes for the shining minnow.

Perhaps some of the very men who are objecting so strenuously to the reduction of examiner's fees are "company doctors," for large concerns that assess their employees so much a month for medical services; or they are the physicians to some "fund" or guild or brotherhood, railway company, or some other kind of an organization that by assessment or otherwise gets for its members or employees medical services for much

less than they are able to pay and for far less than a reputable physician ought to charge.

Nothing that is beforesaid must be considered as in any way apolegetic or as extenuating or condoning the action of the insurance companies in scaling the examination fees. We have shown our position by promptly declining to continue in the service at reduced rates.

In the language of the great Samuel J. Tilden, "reform is necessary," but let us not deceive ourselves by thinking we can influence the great insurance companies until we are able to reform the abuses so patent in our own profession.

Another Divinely Called and Fitted Arkansas Doctor.

The JOURNAL has received a communication that was sent by an Arkansas licensed doctor to one of his medical friends in a near city. Doubtless he is a typical healer of the stripe lauded by Dr. Clements in the legislature last year.

It is evident that he is not the possessor of many literary diplomas from institutions in America or elsewhere. However, he may have a diploma from some alleged medical school. A man must be very low down in the scale of literary, scientific and moral attainments not to have been able to obtain a diploma from some kind of medical school in past years. It is most likely the doctor is a graduate of the "five year clause" of the act of March 9, 1881, which permitted all persons who claimed to have been engaged in reputable practice for five years preceding the passage of the act, to register without examination. We produce the letter without further comment, and respectfully refer it to the committee on medical legislation of the next General Assembly of Arkansas.

(COPY.)

"May the 30 1895

sir my wife is mercurial salivation and her tongue is raw she is so timid that she caint stand eny thing that will

hurt the mouth her mouth is raw all in side please send me sompthing that will cure the mouth and stop the salivation rite away and will not hert her for she caint Stand enything that will hurt her eny allso she has acute Rheumatism left shoulder blaid and in the left clavicle and run down to the elbour please send me the best linimente you have got about a 25c botel."

.

Along with the foregoing our correspondent sends another sample which goes to show that Arkansas is apparently not the only State that is blessed by natural born, divinely called and fitted doctors. This sample is from an older State and is reproduced from one of our exchanges, which printed it as follows:

"EUREKA."

"This physician resides not more than a thousand miles from Detroit.

(COPY.)

"Torn down in the bowels that is the Abdominal muscles much relaxed so much so that the bowels fall in the basket of the hips, and of corse this alows the Midriff or diaphrem to fall from under the hart and lungs that is the diaphrem fails to support the hart and lungs this of corse alowes the weight of the lungs & hart to more or less hange on the bronchial tubes or pipes and the blood vessels, and by so doing naturally he cant have good inspiration and expiration allso the hart fails to have full support and by this weakness it naturally gives him palpitation of the hart allso alowe the lungs to congest east as I find the left lung at present. Now as to stooping fowward naturaly makes him gidy or blind as such move alows a rush of blood to the head. This he claimed was caused by a sunstroke in the Army, of corse a sunstroke could and ofen cause relaxation of this kind. Mr. Burton is a stranger to me but I find him 1/2 disabled. "(Signed) J. S. Jordan, M. D.

"Physician of nine years' standing.
"March 26, 1888."

"The above is an affidavit furnished the pension office at Washington, D. C., and shows clearly that brother, Leatrus

Connor, A. M., M. D., of the *American Lancet*, has a great field for missionary work in the medical profession in regard to a higher education."

A Judicial Diagnosis.

Several years ago a criminal case was being tried in the Pulaski Circuit Court. The case was one involving moral turpitude and the attorneys on either side were making a hard fight, particularly on getting the jury. After all the challenges had been exhausted and the jury was finally selected, one of the jurors said that his physical condition was such that he could not remain seated long at a time, frequent attention to himself being necessary, and asked to be excused. On being requested by the court to state the nature of his ailment he replied that he had the bleeding piles. The court promptly excused him. There remained on the jury an old citizen who was particularly unsatisfactory to the defense but whom they had failed to have excused by legal resources. When the court excused the first mentioned juror the counsel for the defense, the noted Colonel Milt Rice, arose and said: "Your honor, another member of the jury is suffering from a similar affliction and I would ask to have Mr. — (mentioning the old man's name) excused also." Before the juror in question, (who wanted to serve on the jury) could interpose an explanation the court quickly excused him likewise.

The offended old gentleman waited for Colonel Rice on the outside of the courthouse and as soon as court adjourned approached him, indignantly asking why he had so disgracefully misrepresented his condition, adding that he had never had the piles in his life. Colonel Rice listened to his explanation and calmly replied:

"Mr. ——, the circuit court has decided that you have the piles, and you have them, and the only way you can get rid of them is to appeal to the Supreme Court of Arkansas."

Little Rock to Have a City Hospital.

The late Colonel Logan H. Roots made provision in his last will and testament for the erection of a charity hospital for the city of Little Rock. Under the provisions of the will as originally made it would be a number of years before the necessary conditions could be complied with. On account of some legal complications the will was set aside by due process of law and the city of Little Rock was about to commence a legal contention for its rights under the original document.

The suit would have inevitably entailed a long period of litigation with the final results very much in doubt.

Mrs. Emily M. Roots, knowing that it was her late husband's desire to build such an hospital, offered a very liberal compromise (which under the circumstances is in reality a gift) of \$10,000. The city very properly and promptly accepted the proposition and the money was immediately paid over to the city's representatives.

The location has not yet been decided upon, nor have the plans for the proposed buildings been accepted. It will require the utmost care on the part of those having this trust in charge to make the charity fulfill in every way the object for which it was designed.

To make the hospital a charity in its broadest sense, a blessing alike to the donors and recipients, it should be so located as to be convenient of access, so constructed as to be modern, commodious and comfortable and above all so conducted as to do the greatest good to the greatest number of unfortunate sick.

If the institution is, as we understand it is intended to be, a memorial of the late Colonel Roots, it could not in any other way be made so thoroughly a far-reaching charity as if it were so located and conducted as to make its clinical material available for purposes of instruction in connection with the Arkansas Industrial University Medical Department.

The late Dr. Folsom. desiring to perpetuate his memory, left in his will a proviso donating, to become available on the

death of his widow, the sum of \$20,000 for establishing and maintaining the 'Isaac Folsom Free Clinic' in connection with this medical school. The school has already purchased a lot adjoining the present college building on which to erect the proposed buildings for uses of this clinic. However, the school has ample grounds on which to erect both the clinical building and the hospital. If the hospital should be located contiguous to the school and its medical care be placed in charge of its faculty its beneficent effects would be felt not only by the patients, but, through the instruction students would receive on that account, it would be a blessing to the sick not only in the remotest corners of the State but in other lands as well, and the names of Logan H. Roots and Isaac Folsom would by such means be known in thousands of places and to thousands of persons who otherwise would never have heard of them.

Mrs. Roots is entitled to unstinted praise for her beneficence. So tar as we know it is the first time in the history of our State that such a sum has been donated for so noble a charity. Certainly no city on earth needs a hospital more than Little Rock and few there are as little able to build one.

A Layman's Experience with Great Surgeons.

The following letter is published by permission. It was written by a gentleman of more than ordinary intelligence concerning medical matters. The names of places and persons are omitted for obvious reasons, it being sufficient to state that the hospital visited is one of the finest in the world and the surgeons consulted the most eminent.

One part of the letter may recall Dr. Deffenbaugh's paper on "hip disease" read at the last annual meeting of our State society.

If the "eminent surgeon's" eyes ever fall upon this article it may be some satisfaction to him to know that his suspicion of "worms" is not without precedent, at least with the laity.

A short extract from Dr. Deffenbaugh's article is subjoined and followed by the letter above referred to.

[EXTRACT FROM DR. DEFFENBAUGH'S PAPER.]

"I speak of the earlier symptoms on account of the importance of the earliest treatment.

In the typical variety the first symptom that usually attracts our attention is a slight limp in walking. Of so much importance do I consider this symptom that I think every child who walks lame without obvious apparent cause should be carefully examined. The trouble is little and the reward great if you succeed in detecting the disease thus early.

I recall the case of a lad who used to pass my home on his way to the public school. I noticed him walking with a slight limp. At first I thought nothing of it, but as the limping continued from day to day, and I remembered his father having had a tubercular osteitis in his youth, I thought of hip disease. I asked the father as to the boy's health. He replied: "Lately he (the boy) didn't sleep well at night; he would sometimes cry out in his sleep, but as he seemed well in daytime he paid but little attention to it; thought, "perhaps it was worms." (Italics ours.) My suspicions increased. I asked to examine the boy—I was the family physician—when I found a well marked case of incipient hip disease. The boy was stopped from school and proper treatment given, and to-day, two years later, he is a healthy, happy lad—no lameness and no deformity."

[THE LAYMAN'S LETTER TO HIS PHYSICIAN AT LITTLE ROCK.]

hip joint disease but that the lameness was caused by paralysis of one of the minor muscles of the leg, but said that in order to be sure of it he would like us to leave her in the hospital for a week where they could watch her constantly. At the expiration of that time Drs. - and - were convinced of the correctness of their diagnosis and put her under electrical treatment. The battery was applied daily for about six weeks, and as there then seemed to be very little if any improvement they became a little doubtful as to the correctness of their diagnosis and had an electrical expert to come there, and every muscle of her leg was thoroughly tested and every muscle promptly responded to the electricity. Then the doctors were puzzled. As many as a half dozen different physicians connected with the different departments of the hospital, examined her at this time and none could tell what was the matter. They said there was absolutely nothing upon which to base a diagnosis except the lameness. There was no tenderness on pressure, no atrophy, the leg worked freely in any direction without pain. They then said for us to keep the child at home for a month or so and then bring her back for them to see what had developed in the meantime. Then I got the Board of Examining Surgeons of the U.S. Pension Bureau to make an examination and they said that they could distinguish a slight crepitation and that in their opinion the disability was due to an injury to the ligaments about the hip joint and prescribed rest. Well the child then seemed to be getting better. She got so she could run about all right, always however, with a decided limp. We started her to school and she went to school all fall. Frequently however, at night, she would awake and cry, complaining that her hip pained her. In the day however, she was quite lively and while she always had the limp, she learned to get around pretty well without bearing much weight on her "game leg." About three weeks ago she began to get much worse again-getting so she could scarcely walk at all—and complaining a great deal both night and day of a pain in her leg. Any little fall or jar to her leg would cause her to scream and to be almost crazy with pain. As the child seemed to be getting worse and appeared to be suffering intensely, I was not willing to wait six weeks for Dr. —— to complete his examination, but took her back to the hospital. The faculty was again assembled and sat on her case. They decided that she has epiphilitis. You will understand what that is better than I can tell you, but I gather it is some trouble with the bone not right in the joint but near it. So they have now put her in plaster and estimate that a cure can be effected in about six months. We are to take her to the hospital every two weeks to have the plaster renewed, and in the meantime she is learning to walk on crutches. Since the plaster has been on she has not complained of pain—says her sore leg now feels just like her well leg. I have great hopes of her recovery now, for I feel like they have made a correct diagnosis at last,

If you remember, this is the diagnosis that you made. You said there was evidently some trouble with the bone—which might be hip joint disease, but that the disease had not sufficiently developed to determine that definitely, but to be on the safe side you would advise taking her to the hospital. The lack of pain when the heel was tapped made you doubt the disease being in the joint. I felt you were right all the time and frequently called the doctor's attention to it, but he would not listen. Thanking you for past kindness, I am

Yours very respectfully."

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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VOL. VI.

MARCH, 1896.

NUMBER 9.

Medical Hociety Papers.

Inaugural Address.

BY E. G. EPLER, M. D., FORT SMITH.

[Delivered before the Sebastian County Medical Society January 14, 1896.]

As years roll along new presidents of our society are escorted to the chair and assume the duties of the office. So many of you have received the honor the occurrence may seem commonplace enough, hence a few words of thanks for the honor bestowed upon me might suffice for the conventional speech. However, there is something in the transaction to-day that gives rise within me to certain thoughts. Behold one who has borne the conflict with disease for years, for decades, with honor to himself and comfort to his fellowman, leaving his post of responsibility as the chief of our local fraternity and welcoming a younger brother to that position, clothing him, as it were, with the insignia of the office.

In our professional life is not the same scene being enacted over and over again? The gray haired veteran, bowed by many

years of honorable toil, welcomes young and ardent recruits to the ranks of the profession and entrusts to them the precious heritage that he in his turn had received from his predecessors, enriched by his own good works. This heritage, how good is it! How honorable and ennobling! Along with it what opportunities are given us, the younger members of the fraternity, to do good to mankind, to build higher and higher upon that firm, broad foundation so well laid by Æsculapius, Hippocrates, Galen, and myriads of others, creating a beautiful structure, enriching it by the jewels of new truths sought for and found in nature's grand storehouse, that mine of wealth of which all that has ever been known or may ever be known is a mere tithe of the whole! As we think of the self denial and labors on the part of the fathers of medicine and their great gifts; as we contemplate the possibilities that lie in the future; when we appreciate the honors that we individually enjoy by reason of our connection with this the noblest guild, how shameful does it seem that our profession is being brought to the low level of a miserable trade in human souls by reason of what are called the commercializing tendencies of many of our brethren. How base are these methods of gaining practice that are coming more and more to light of day, such as subtle intrigue, defaming a brother openly or behind his back, solicitation of the confidence and good will enjoyed by another, or the purchase of it by fawning, gratuitous advice and gifts, and the loud mouthings of one's personal qualifications. What of this self laudation, this boasted superiority over one's fellows that is so often flashed, as it were, before the eyes of a credulous public like gaudy trinkets that for a time charm the people and win temporary fame for the vendor? Thanks to the common sense of mankind, even as the paste jewelry bought of the genuine street fakir soon loses its bright colors, tarnishes and is finally cast out on the rubbish heap, so in time the shyster members of our profession, recognized at their true worth by laity and medical men alike, are forced out of the ranks with ignominy. Who of us has not beheld examples of charlatans who have risen to enjoy a high degree of public favor soon pass away, a source of dishonor to the profession, an object of distrust and disgust on the part of the more intelligent of the people.

As it is the duty of your newly elected president to strive to perform the duties of his office with the same impartiality and dignity as the retiring president, Dr. T. J. Wright, so is it incumbent upon us, especially who are young in the profession, to see to it that each lives his life with honor to himself and the fraternity, spurning from our midst the obnoxious trickster and charlatan in order that we may hand down to our successors unsullied the noble heritage that has been entrusted to our care. This is the least that we can do. We ought to add to the general fund of medical knowledge by refining that which we learn from medical lore and by developing new facts and principles, In performing this second great duty to our guild we have to contend with a very grave difficulty, one that has ever been a sore affliction to the profession, viz, lack of thoroughness on the part of medical men or others whose contributions to science have been appropriated by our profession and made use of in practice. About the first thing the recent graduate does after leaving the medical college is to unlearn much that has been taught him, to winnow the grains of truth from the chaff of finely spun theories, dogmas and distorted facts. Then there is the crying evil of inaccuracy in observation, falsifying of facts, whether willful or not, and the creating of wide generalizations from a few observed phenomena.

I have professional acquaintances of fair practice who make light of instruments of precision, such as the thermometer, the stethoscope; who ridicule the revelations of the microscope and doubt the results of chemical analysis; men who depend upon blind empiricism as their guide to practice. How many not trusting to their own knowledge of drugs and their combinations take the recommendations on some advertising sheet and dose their patients with unknown drugs. What does the mixture contain? I do not know, but it is recommended for such and such affections and it has done well in my practice is reason

enough for the use of a preparation only too often. Unable to unite theoretical knowledge and clinical results so as to attain to the most enlightened and rational practice they go blindly on, often doing good but ever in danger of doing irreparable injury. It is the lack of thoroughness on the part of such men that renders it possible and profitable for trades people to work up immense commerce with the profession in proprietary articles. Recently a long haired practitioner, a real fakir of medical wares, not meeting with the success on our avenue that he thought he deserved, chose the following unique way of evening up with his audience: Said he, to show how strong and efficient my remedy is, a number of you take this string and move off some 20 feet with it. I will put the end in a bottle and you will even then feel the effects of the medicine. Possibly anxious to get something without pay, certainly willing to be fooled, some twenty men readily took hold of the string. Now said our confrere, I have fished all through Wisconsin and Illinois, and up and down Lake Michigan, but I never had such a string of suckers in all my life. The string would have fallen but for a rather deaf man who was still awaiting something. Seeing others let go and look mad he dropped also. Many a man, grown wealthy off the credulity of medical men and the laity, thinks what a string of suckers he has been playing with. For instance, a certain compound of beef peptonoids has been used by many practitioners with confidence as to its nourishing qualities. I have seen a recent statement of an exact analysis of the compound, showing that it contained no albuminous matter and very little carbohydrate, thus showing it to be inert as a food.

Knowing how lacking in accurate knowledge medical men are as to drugs and their compounds, purveyors of such wares wave in our faces thousands of pages of well written praises of their articles, or send out agents to enlighten our benighted brethren, to instruct them as to the best practice.

However unpleasant these plain truths may be to us it is of much greater concern and more unpleasant to recognize the fact that there is very great difference of opinion as to the use of many well known remedies. Take calomel for instance. Some maintain it is a good hepatic stimulant, regulating the secretions of stomach, liver and bowels. Others maintain it has no cholagogue effect whatever. Some hold that it acts as calomel per se though insoluble, others hold that it undergoes chemical change in the stomach, becoming the bichloride and is absorbed as such, notwithstanding the effects of the two medicines are different. Some obtain good results from one-tenth grain doses often repeated, others think it useless in less than five to ten grains.

What a difference of opinion there is as to the relatively bad effects of antipyrine, phenacetin, acetanilid, chloroform and ether. How many dispute the value of digitalis as a heart tonic, of gelsemium, of alcohol as a stimulant. Note how Bartholow explains that the beneficial effects of belladonna in nocturnal incontinence of urine from irritable bladder are by stimulating the sphincter vesical, while H. C. Wood has it that the drug acts as a profound sedative, diminishing irritability and muscular action. The use of iron, of morphia, of quinia in certain conditions is in dispute. We well remember a recent discussion in our society of the treatment of malarial hæmaturia. four different plans of treatment were suggested. The promoter of each plan decried that of the others in one or more particulars. So we might go on, and on, and on, and expose the sorry state of doubt and inaccuracy of therapeusis. Enough has been stated to show that careless observation, hasty conclusions, and unwarranted generalizations on the part of the profession at large and our most respected teachers, have led us astray even as to the use of our most common drugs. . What shall we say of our use of the numerous organic compounds put forth each year, some to become popular and trusty agents, many to be lost sight of as useless.

Here is a copy of the U. S. Pharmacopæa of 1820, the first issue. How slim it is, 214 drugs in the primary list. Here is the last edition, how fat it has grown to be with over 1,000 preparations. Who has digested mentally all of the material

contained here? Who has gone over and studied carefully its lists or the dispensatory with its hundreds of drugs not named in the Pharmacopæa? Who has sought information in the many volumes of homœopathic materia medica or that of the eclectics. Much valuable knowledge has escaped us. The fact is we have not delved into nature's storehouse as deeply as we might. Our knowledge is superficial, hence the profession is easily led here or there in its wild flight in search of that which may be specific, to favor this or that drug carelessly and to discard it quickly for some other as unwisely. We lack thoroughness in our study of physiology, chemistry, action of drugs, pathology and the rational application of remedies.

So it is in other branches of our art. Ask yourselves how many general practitioners make use of the pelvimeter in obstetrics, or even determine accurately the position of the presenting part before the first stage of labor is completed. We know that Emmet's operation, Alexander's operation, Porro's operation, McEwen's operation, symphysiotomy, simple cataract operation, cautery of hypertrophied turbinated bodies, operation upon the drum head and ossicles in chronic nonsuppurative middle ear catarrh, have been paraded before the profession by reason of their great usefulness, have reached the zenith of their glory and now some have become obsolete and the others are restricted greatly in their application. Or if we enter the field of other specialties how many general practitioners are moderately skillful in the use of the ophthalmoscope, otoscope, rhinoscope, laryngoscope? How many can presume to locate cerebral diseases accurately or use the electric current for the diagnosis of nervous diseases? I will not invade the field of dermatology, as specialists in this line are badly at sea. Are we thorough as we might be?

Cardinal Richelieu was one of the keenest statesmen of the seventeenth century, a soldier, a priest, a literary celebrity, a crafty politician. He was truly the power behind the throne of Louis XIII. At one time allied with the king's mother against the king and the nobles, again with the king against his mother,

at one time with the Catholics against the Huguenots, or with the Huguenots against the Austro-Spanish alliance, brilliant, energetic, with the aid of the monk Joseph he succeeded in nearly every enterprise. He was known as "Thorough," so thorough was he in all his work. Said he, "I venture on nothing without first thinking it out, but once decided I go straight to my point and throw or cut down all that stands in my way, and finally cover it all up with my cardinal's red robe." If in the midst of such political and religious storms as beset the world at the beginning of the seventeenth century one man by judgment, intelligence, indomitable will and thoroughness in all he undertook, could bring power and firmness to the French throne, could humble powerful personal enemies among the clergy and nobility, even the king himself whom he served, may not our profession bring order out of disorder in this time when inaccurate observations, falsifying of facts, dogmatic assertions, unjustifiable inference, or deductions, have rendered therapeutics especially erratic and have retarded progress in all departments of medical science? This is one second great duty to our profession, to our heritage. Let us venture on nothing without thinking it out, let us go straight to our point and throw and cut down all that stands in our way in eradicating the false, establishing truths, relieving human suffering and elevating mankind.

We have the noblest of our profession as examples set before us to guide us in our careers. Let us emulate their characters, let us strive to improve ourselves and our fellows, let us stand firmly together in all that is honorable and ennobling, protecting our brotherhood against the raillery, howlings and snarls of all charlatans, or combinations of charlatans, by the very goodness of our work. I need not tell you that the best way we can attain such ends is by attendance at the meetings of our societies, discussing medical topics with fairness and courtesy, and contributing to the general fund of medical knowledge as far as we are able. Trusting that we shall have a profitable and pleasant year I thank you heartily for the honor you have conferred upon me.

Valedictory Address.

BY T. J. WRIGHT, M. D., FORT SMITH.

[Delivered to the Sebastian County Medical Society, January 14, 1896.]

Mr. President and Gentlemen:

I am glad that this valedictory is not a bidding farewell to the Sebastian County Medical Society, but only a stepping down from a position which I have most unworthily held, for what must have seemed to you, a very long period.

I congratulate myself, gentlemen, that it is my privilege while bidding a long farewell to my official greatness, to take my place again as the humblest member of this society.

I congratulate myself, that while I may not be able to add anything to the general stock of information, it is yet my exalted privilege to continue to sit at the feet of so many learned medical Gamaliels.

I am far too modest a man to speak on this occasion of the very superior manner in which I as your presiding officer have conducted the affairs of this society during the year that is past. And yet, gentlemen, you must permit me to say that in anticipation I can feel my head if not my bosom swell with pardonable pride as I in fancy hear myself referred to by my worthy successor, as "my illustrious predecessor."

I might avail myself of the present opportunity to recall the many discoveries and advancements made by our profession during the past year, but time and your patience would fail me.

Knowing as I do, gentlemen, that you are anxious to be off with the old in order that you may be on with the new I therefore gladly and gracefully, I hope, return to the obscurity from which your kindness called me a year ago.

Gentlemen I thank you for twelve months of kindly indulgence.

Serum Therapy.

BY W. B. WELCH, M. D., FAYETTEVILLE.

[Read before the Washington County Medical Society.]

Hitherto the immunity from attacks of smallpox conferred by vaccination has stood as an isolated and incomprehensible fact in our profession. In harmony with no theory, explained by no logical device, vaccination has by its own inherent virtue proved the value of undiscovered theories.

To-day a meaning is given to the word "immunity" such as was never before known. A great hope animates our profession that in all the so-called zymotic or infectious diseases, immunity may be eventually conferred, and the most disastrous agencies of human destruction be deprived of their malignity through the genius of workers in our profession.

In compliance with the desire as expressed by the society at our last meeting, 10th ultimo, it is my purpose to present some of the facts developed in the last decade which give such force and importance to this word "immunity," as now applied in our profession. There is a natural "immunity" and there is also, an acquired "immunity." By these terms I would be understood as meaning the relative susceptibility of man and animals to disease processes, whether that insusceptibility inhere to the organism as part of its natural makeup, or whether it be acquired by means exterior to the organism. We know empirically that there is a race immunity, and not to multiply examples, I would simply mention the relative susceptibility of the white and colored races to malarial poisoning, and the germs of yellow fever; the immunity of carnivorous animals to the poison of anthrax as compared with the herbivora. These not "immunes" may be made to succumb to diseases by the addition of certain substances to pure cultures of their pathogenic bacteria. Thus Arloing was able to induce symptomatic anthrax in animals naturally immune from this disease, by mixing with his cultures certain chemical substances,

such as acid carbolic, pyrogallic, and especially lactic acid, 20 per cent. These instances might be prolonged to tiresome length in which animals naturally immune to one disease are very susceptible of another and *vice versa*.

In the limited time I have had to prepare this paper during the heated days of September, you will excuse me if I am somewhat brief, and do not refer to authorities to any very great extent. I now desire to say that all that is in this paper is more or less from so-called authorities for I have had no experience in any department of this line of work except with Jennerian vaccination. Suffice it to say in this connection that animals naturally immune may be made to lose that immunity by being subjected to various and diverse influences—subjection to sewer gas, mechanical violence, artificial refrigeration, loss of blood and certain anæsthetic agents.

It has long been known that in quite a number of infectious diseases a single attack, however mild, affords protection as against a second attack of that particular disease. In some persons this protection appears to be permanent, lasting during the life of the individual; in others it is more or less temporary as shown by a subsequent attack. This protection differs in different diseases, as well as in different individuals. Among these diseases are the eruptive fevers, cholera, typhoid and yellow fever, etc.

We are more or less familiar with acquired immunity. The case of the opium habitue, the alcohol subject, and in fact this is the effect of prolonged indulgence in the whole class of narcotics, and in no small degree in some of the most virulent minerals, as arsenic.

Recurring again to the statement in the beginning of this paper, the facts relating the protective inoculation in infectious diseases, dates from the discovery of Jenner in 1768. More than a century passed before this discovery begun to bear fruit and become somewhat generalized in its application to other infectious ailments. To Pasteur must be accorded the credit of first having shown by the experimental method that

animals may be made immune against other infectious diseases by inoculation with an attenuated virus. He first demonstrated this in chicken cholera in 1880. It will be sufficient for our purpose to indicate his mode of attenuation in this disease in order to procure a protective virus. Having demonstrated that the disease known as fowl cholera was due to a specific microorganism, which he was able to cultivate in artificial media, Pasteur discovered that his cultures became attenuated as to their pathogenic power when they had been kept for some time in the laboratory, and that fowls inoculated with these attenuated cultures suffered a comparatively mild and non-fatal attack of the disease, and were subsequently immune against the pathogenic action of its most virulent cultures, or against contracting the disease by contact with other fowls suffering from it. The importance of this discovery was at once seen by Pasteur, and the generalization was at once made by him that what was true of one infectious germ disease was likely to be true of others. Subsequent experimenters have, to a very considerable extent, verified this generalization. Especially may be mentioned the success with which anthrax, tetanus, diphtheria and variola have been met and power for good proven to the most skeptical—not to speak of cholera, glanders, hog cholera, erysipelas, pluero-pneumonia of cattle, tuberculosis, yellow fever, hydrophobia, etc., which have been proved to be influenced favorably by attenuated cultures of their specific microbes.

Other methods of attenuating the virulence of pathogenic germs have been since discovered. Thus exposure to a temperature a little below that which destroys the vitality of the pathogenic micro-organisms, modifies the virulence of a culture so that it may serve for the purpose of protective inoculations. Attenuation of virus may also be obtained by exposure to certain antiseptic agents. This fact was first discovered by Sternberg, while conducting experiments to determine the value of certain disinfectants. Incidentally the fact was brought out that agents which do not completely destroy the vitality of these infectious organisms may and often do cause an attenuation of

their virulence. Attenuation may be produced by the cultivation of the micro-organism in the body of a susceptible or nonsusceptible animal. An important step was made in the progress of our knowledge in this inviting field of research when it was shown that animals may be made immune against certain infectious diseases by inoculating them with filtered cultures containing the toxic substances previously referred to, but free from the living bacteria to which they owe their origin. The first satisfactory evidence of this important fact was obtained by Salmon and Smith in 1886. The bacteriologists succeeded in producing an immunity in pigeons against the pathogenic effects of the bacillus of hog cholera, which is very fatal to these birds, by inoculating them with sterilized cultures of the bacillus mentioned. Similar results were reported by Roux in 1888 from the injection in susceptible animals of sterilized cultures of the anthrax bacillus. More recently Behring and Kitasato have shown that animals may be made immune against the pathogenic action of the tetanus bacillus or the bacillus of diphtheria, by the injection of cultures filtered through unglazed porcelain, i. e., absolutely germ free cultures.

The fact develops then that these micro-organisms in their growth, maturation and decay generate certain poisons—toxins—peculiar to each, which set up a pathological process in the animal organism which we denominate disease—zymotic infections.

The repeated use of attenuated culture of the toxin in the bodies of healthy animals more or less naturally immune is shown to develop in the serum of these animals a principle, in fact a substance which can be isolated, endowed with the capacity, chemical, vital or morphologic, of antagonizing these toxins, and thus preventing the inception of the disease, and to some extent, when early employed, of arresting the disease process.

For some time medical attention had been directed to the treatment of certain organs when diseased by the material—recent or dessicated, of those organs—as for instance, thyroid

gland, or thymus in goitre or myxædema. Now we are to notice that this organ therapy has achieved its most important results in diseases of parts which have a great but not yet fully known function in hæmatosis. The so-called blood glands, the spleen, thyroid, thymus, supra-renal capsules, bone marrow, etc.

We see this idea carried to the extreme in the advertisement of the extracts or what not of parts or organs having no hæmatopoeitic function. Cerebrine, cardine, testine, and in fact the name of any part or organ of the animal body, may have the ine added to it and present an animal extract ready for all the ills to which such organ or part is incident. I do not consider that investigation has yet shown any evidence in favor of organ therapy save in the case of the blood glands, in which I include the bone marrow.

All of us are more or less familiar with the theory of Mitschnikoff, of phagacytosis, *i. e.*, that the leucocytes, white blood cells, play the chief part in destroying infective bacteria when they gain entrance into the organism. He says: "It may require no great stretch of credulity to believe that they may (*i. e.* leucocytes) like an amæba digest and assimilate the protoplasm of the captured bacterium, thus putting an end to the spossibility of its doing harm."

In the case of a pathologic organism we may imagine that when captured and drawn in by the amæba-like movement of the leucocyte, it may share a like fate if the captor is not paralyzed by some potent poison evolved by the bacterium, or overwhelmed by its superior vigor and rapid multiplication. In the latter case the career of our conservative white corpuscle would be quickly terminated, and its protoplasm would serve as food for the enemy. It is evident that in a contest of this kind the balance of power would depend upon circumstances relating to the inherited vital characteristics of the invading parasite and of the invaded leucocyte.

In the further pursuance of this subject we will see that Mitschnikoff was very close to the real facts in the case with his theory of leucocytes swallowing, as it were, the parasites and digesting them, or succumbing to the poison themselves eliminated by the microbes. For the leucocyte is
essential to the protection of the animal organism against these
poisonous invasions—not by phagocytosis but by elaborating
within themselves, especially multinucleated cells—that highly
animalized and essential product which we call nuclein—protonuclien. Bacteriologists have long known that many species of
bacteria when injected into the circulation of a living animal,
soon disappear from the blood, and that the blood of such an
animal a few hours after the intravenous injection (of putrifactive
bacteria for example) does not contain living microbes capable
of development in a suitable culture medium.

Then, not to detail experiments, but to give settled results, Buchner, in 1889, proved by experiment, which has by others been verified, that the germicidal power of blood does not depend on the cellular elements, but is present in clear serum, which has been allowed to separate from the clot in a cool place. Further, that this germicidal power of fresh blood serum depends upon the presence of proteids to which he applied the name, "alexin." Hankin (1892), in his paper on the origin of these "defensive proteids" in the animal body arrives at the conclusion that while they are present in the cellfree serum, they are nevertheless the product of certain leucocytes—Erlich's essinophil cells—the multinuclear leucocytes. The germicidal power of the blood serum is also said to be increased when the number of leucocytes is considerably augmented, also by treatment which favors a separation of the "alexin" nucleins.

Dr. Vaughan in his first published paper on "nucleins and nuclein therapy" says, "Kossel, of Berlin, has confirmed our statements concerning the germicidal action of the nucleins. Dr. McClintock and I have demonstrated that the germicidal constituent of blood serum is a nuclein, and this nuclein is furnished by the polynuclear white blood corpuscles."

Let there be any invasion whatever, by traumatism, poison or whatnot, calculated to destroy the integrity of the

body—there is seen to be a rush to the spot of leucocytes, charged with this defensive nuclein, which is set free by rupture or dehiscence of the cell wall and the diffusion of this protective material at the point of invasion, in the blood serum.

There is a great probability, nay, the authorities are about agreed that the presence in the serum of this "physical basis of life"—this protoplasm, elaborated in the white corpuscles—is the material tissue builder, and a direct antitoxic; in fact it is the normal antitoxine of the body, made every day to resist the toxic agents which are every moment introduced into the organism. The immunization process then consists in repeated blows, insults, injuries, traumatisms, or whatever name you may desire to recognize them by, inflicted by stronger and stronger doses of the toxins introduced from time to time in the organism of the animal from which we derive our serums-antitoxic in character—thus constantly inviting an activity in the proliferation of leucocytes, especially in the parts invaded, and by consequence in the whole organism, manufacturing protonuclein, crop upon crop, until the serum is charged with this protection. From this serum is prepared the antitoxin for prophylactic and curative use. Now we may see where the cell or organ therapy meets and resolves itself into one and the same substance as its active agent, as in serum therapy—protonuclein.

I have remarked that no real results have in my judgment, been obtained by the use of recent or dessicated preparations of organs or tissues, save in the case of those structures which, so far as we know, are chiefly concerned in the production of white blood cells—viz, spleen, thymus, thyroid, supra-renal capsules and bone marrow. These have been employed in some cases with benefit, and no doubt their remedial virtue is to be ascribed to their nuclein and nuclein producing potency, whatever that may be—protoplasm, bioplasm or physical basis of life.

I do not know if I am warranted in the suggestion, yet I believe if organ therapy and serum therapy ever reach the position of established facts in therapeutics, this one and same

substance—neuclein, will be found to unify the two modes of therapy in the one remedy.

"The practical demonstration of protonuclein power has been established already. Carcinoma, pernicious anæmia, tuberculosis, tonsilitis, cachectic fevers, diphtheria and allied disorders have yielded to its action very promptly to the great surprise of some of the best clinicians in the land," so says an enthusiastic admirer of the remedy in a paper before the last meeting of the American Medical Association. He further says, "It has been used with great effect as a tissue builder in the most typical asthenia and murasmus, it is hard indeed to limit the therapeutic effect of protonuclein, as will be readily seen by observing the principle upon which its therapeutic use is based. In extracting protonuclein from the lymphoid structures of the body, no chemicals are used, only physiological methods are applied."

Having traced, however superficially, the processes by which serum remedies are produced, and returning to the physiological processes in the lymphoid tissues where white blood cells and their constructives are generated and most contained, I conclude that it is to the antitoxic power of their contents set free when most needed that defends and protects the organism from parasitic violence.

Mentioning a few facts as to the use of these agents, I conclude:

First. It must ever be the case that serum therapy finds its chief success and usefulness in prevention, prophylaxis, immunizing and the early destructions of toxins before they have set up their most destructive and marked septic conditions and destructive effects on the organism. Globulicidal results and a host of secondary poisons once generated, the antidote to the original morbific cause can in nowise be curative. Prevention, and any early use can only be predicated of any of them as being beneficial. Our list of infectious diseases for which antitoxins have been prepared, and found beneficial is very limited, but it is hoped and believed that the Jennerian idea, not in the

sense in which Jenner understood it, but in the sense in which modern research has placed it, will expand under the constant labors of the many patient workers, until the relation of immunity to all such disorders shall be thoroughly and correctly worked out to the great benefit of our race.

The serum treatment of that scourge of our race, first proclaimed by Koch, has not been all that we could wish, but that it is in the right direction is proven by the effect Koch's lymph has on cattle where they have the "pearl disease," or cow tuberculosis, always raising the temperature in the afflicted animals, and not affecting it in the healthy. Lupus, now known to be a skin tuberculosis, is markedly effected beneficially by Koch's lymph. Experimeters are still working on this most important disease known to humanity. And reports on tuberculocedin and antiphthisin are showing some promising results.

Dr. Paquin of our neighboring State, Missouri, is diligently trying the serum of the horse against tuberculosis, and he reports some good results, but he has not been able to get the profession to look with any favor on his reports. His work is not to produce by cultures an antitoxin for tuberculosis, but he uses' the horse serum because of a known or supposed immunity of the animal from the bacillus of tuberculosis. I see in a late journal that an enterprising doctor is trying mule serum on the same principle. I think if there is anything in the natural immunity, that the nuclein of the asses' serum would prove the most refractory to the tubercle bacillus, as I think he has never been known to be tuberculous. That there should be a degree of protection afforded by the serum of animals naturally immune to any particular toxin consists with the serum therapy theory and may be cultivated with success in the future.

The most prominent, most used, and probably most abused of serums is that of the diphtheria antitoxin. Much has been written *pro* and *con* by medical men wise and otherwise, and it may be stated that the weight of opinion is somewhat largely in favor of the *early* use of a good preparation of this remedy. The mortality has been in large collections of cases in hospitals

said to be reduced one-half, as in Bazinsky's reports. Again a physician in a London hospital declares that it cut no figure one way or the other with his cases, the mortality being the same as before its use. These reports are accessible to you all and it is not necessary to particularize.

You all remember that Brown-Sequard's orchitic juice for restoration of vigor, etc., brought the old physiologist much in ridicule the last days of his life, but the times are in some degree vindicating the penetration of the savant, and his suggestion now meets with more respect.

Supra-renal capsule in diabetes, in Addison's disease; dessicated thyroid, and recent thyroid and thymus in goitre; bone marrow in milk for pernicious anemia; tetany treated with thyroid extract; cancer and sarcoma treated with erysipelas toxins; thyroid and thymus in mixoedema; serum therapy for syphilis—these are some of the headings which greet us in our journals besides the vast quantity of literature already referred to on diphtheria toxins and antitoxins. One phenomenon we should not have expected seems important to notice, i. c., the remarkable effect of dessicated thyroids upon the nervous and circulatory systems, producing headache, dizziness, pains in various portions of the body and great weakness, flushing of the face and rapid action of the heart. From 1 1/2 to 2 sheep thyroids to the day are said to produce these symptoms, and as much as 8 grains of the dried gland, and 12 grains is thought a dangerous dose.

I should trespass upon your patience and do violence to your intelligence were I to dwell upon the current literature of the day on these subjects. It may be known and read of all men. The researches of the last few years in physiological therapeutics have been beyond that of any period in our professional history, and the solution of truths based on these researches is assuming an orderly arrangement. We have before us now the promise and potency of great and far-reaching medical generalizations for the benefit of our race, which will develop in the next century results which the most fertile minds cannot forecast.

Hydrophobia and Rabies.

BY E. G. M'CORMICK, M. D., PRAIRIE GROVE.

[Read before the Washington County Medical Society.]

The subject of this paper was suggested to the writer several years ago, when he was appointed to read a paper before this society a short time after he had had under his care a case of hydrophobia.

That duty was not discharged at that time, for some reason, and when he was appointed at our last meeting to read a paper to-night, this obligation was renewed.

It is impossible in a paper of this character to enter into a full discussion of the subject in all of its phases. The etiology of the disorder, and the nature of the germs producing it, with some reference to the treatment, and a report of a case will constitute the chief features of this paper.

It rarely falls to the lot of a general practitioner of medicine to see, much less treat, a case of this most horrible and fatal disease in the human subject. It is therefore a pathological curiosity to most of us. But a pathological rarity is always of value on account of its relation to other more common pathological processes; and from the most uncommon conditions we may learn truths that will be of everyday use.

Rabies is an acute, infectious disease, affecting especially the genus canis and felis, communicated always by inoculation. It is the proclivity of these animals to bite, and this disposition is especially developed when they are affected by rabies. The saliva containing the germs, thus becomes the means of inoculation, and the disease is communicated to other classes of animals and to man.

It is claimed by some that hydrophobia originates spontaneously in the dog and cat. But this seems an unwarranted assumption. Epidemics of the disease are often arrested by large rivers. While a long and severe epidemic was raging on both sides of the river Elbe the islands in the stream entirely escaped

infection. Many countries enjoyed complete immunity from rabies until recent years, when the infection was introduced from without. The Australasian islands, the New Hebrides and other islands famous for their indigenous race of dogs, enjoy at the present time entire immunity, while the adjacent mainlands having the same fauna and flora, and under the same climatic and dietetic conditions, are affected.

The disease is characterized by a long and uncertain period of incubation, by exaggerated reflex excitability, by disorders of the emotional, intellectual and other nervous functions, by delusions of sight and hearing, and by spasms of the muscular system, especially of the muscles of deglutition and respiration, and by more or less fever. In man a distinguishing symptom, from which the affection has received a name, is hydrophobia.

There is but one cause of the disorder, inoculation with the specific germs of the disease. Every inoculation is not effective, a point well to remember in giving advice to those bitten by rabid animals, as by calling the attention of a distressed patient to this fact, we may alleviate much mental agony, and perhaps prevent a case of hydrophobic non-rabique.

According to Law, 48 per cent of persons bitten by rabid dogs, and 66 per cent of those bitten by rabid wolves, develop hydrophobia. Bouley found that 90 per cent of those bitten in the face, 63 per cent of those on the hand, 28 per cent of those on the arm, 29 per cent of those on the lower limbs, and 63 of those bitten on the body, died. These figures seem to indicate, other things being equal, that the nearer to the brain, the seat of inoculation, the more grave is the prognosis.

The germ of rabies has not been demonstrated, but that it is caused by a specific organism, there can be no reasonable doubt at the present time. The power of indefinite increase, characteristic of no mere chemical or mechanical substance, the fact, that, when the saliva is filtered through plaster, the filtrate is rendered harmless, while the solid residue retains its virulence, the means of infection, and the experimental inoculations of Pasteur, Goltier, Hertwig, Rossi and others, all show the ger-

micidal origin of the disease. Lussanna demonstrated that man may be infected by these germs, by inoculating two dogs with the virus from a physician who died of hydrophobia. Both dogs were affected with rabies, one dying in a short time, exhibiting post mortem, the lesions of rabies, the other at the end of 140 days exhibited symptoms of rabies, which lasted a month, at the end of which time the animal was killed, the post mortem revealing nothing characteristic of rabies.

The point of election is the nervous system, especially the brain, and the special point of concentration is the medulla and pons. The symptoms of hydrophobia develop only when these important nervous centers are infected.

Pasteur found the brains of rabid animals invariably infected, and by direct inoculation into the brain, reduced the period of incubation to from six to ten days. Rossi succeeded in inoculating the nerves. But Hertwig failed in six successive attempts to repeat Rossi's experiment.

This apparent affinity for the nervous system, led Doubone in 1851 to advance the theory that the virus is propagated along the nerves from the point of infection. A view later adopted by Pasteur. This theory seems the most reasonable explanation of the long and uncertain period of incubation.

It is probable that successive crops of the germs are produced at the point of infection, and along the nerves leading from this point toward the brain, remaining harmless until the region of the medulla is reached. It is only when this origin of the pneumogastric, and other important nerves are reached, that we have the development of manifestations characteristic of hydrophobia. It is argued by James Law, however, that this view, that the virus is propagated along the nerves, first promulgated by Doubone, and afterwards adopted by Pasteur, is not well taken. Because he claims the germs would destroy the functions of the nerves before they reached this origin. But it seems easy to perceive that the effect might be different while acting on the more or less permanent nerve fibers in the nerve trunk, from the effect of the germs on the delicate cells at its

origin. Another argument against this theory of Doubone is the inflammatory activity, and nervous disturbance, manifested at the point of infection, as an initial symptom in the development of hydrophobia, long after the receipt of infection.

This may be due to the increased resources of the colony of germs, which after many generations has developed sufficient power to overcome the forces of nature arrayed against it, to make an advance. The blood is not a good vehicle for the distribution of the germs. It was regarded as harmless by the older observers. Hertwig obtained rabies in two cases only, out of eleven inoculations with the blood of rabid animals. Galtier injected the saliva of rabid dogs into the veins of nine sheep and one goat and in no instance produced fatal results, but rendered them immune, so that they were not affected by subsequent inoculations with the saliva of rabid animals into their tissues. Pasteur repeated these intravenous injections, using dogs in his experiments, with the result of producing rabies in a fair proportion of cases. One of his cases that recovered, resisted all subsequent inoculations, others died from inoculations directly into the brain.

Neither Galtier nor Pasteur state the amount of saliva used in these intravenous injections, and the difference in results may have been due to the different quantities of virus used in the experiments, and to the difference in the class of animals used by the experimenters. The blood corpuscles of the small herbivora being more resistant than those of the dog.

It is also probable that both experimenters used more virus than is injected into the tissues in ordinary infection, by the bite of rabid animals. And it is possible that, if in such accidents, the virus was all received into the blood, and the nerves not infected, the phagocites would be able to destroy the germs and their ptomains, and no harm would result. But it is impossible for the teeth of a rabid animal to enter the tissues, and fail to come in contact with nervous tissue.

The number of germs of all infectious diseases received into the system has much to do with the results. A large number

of the germs, being more than the phagocites are able to overcome, while a smaller number may be utterly destroyed, and the white blood cells strengthened for greater contests. This may, in part account for the small per cent of cases of hydrophobia from those bitten by rabid animals. An analogy is found in the statement, recently made, that the air passages of healthy individuals often contain the Klebs-Læfler bacilli; that we constantly inhale the dried tubercle bacilli; and often drink the typhoid germs, and escape diphtheria, phthisis and typhoid fever.

But the experiment of Pasteur seems to show that, though other parts may have been rendered immune by intravenous injections, the brain is still susceptible to the influence of the germs. The power of protection is in the phagocites, and their function is to prevent an invasion of the vulnerable nervous tissue.

If the blood was the carrier of these germs, we would have a more fixed period of incubation, as in other infectious diseases. But in their advance toward the brain these organisms are beset at every step, by the phagocites their natural enemy, and it is uncertain when, if ever, they will reach that important nervous center.

They possibly, constantly reproduce themselves at the point of infection, and along the nerves leading toward the medulla, and if subsequent generations reach that important point, before they are sufficiently attenuated to be rendered harmless, rabies is developed in the lower animals and hydrophobia in man.

At present, to the writer, the most mysterious feature of the disease is its long and uncertain period of incubation, an explanation of which has just been attempted. That it is a real disease, and not a creature of the imagination, and that it is not tetanus or any other disease than a specific disease produced by a specific germ, seems to be well established by the researches of Pasteur, Rossi, Galtier, Hertwig, Lussanna and many others. That it has its counterfeits, only shows that there is a genuine article. That the dog and cat are most susceptible to its influence is apparent. That it is never communicated ex-

cept by inoculation seems well established. That it does affect the human subject is equally well established by the clinical observations of those competent to form opinions in the matter, and by the inoculative experiments of the best pathologists, who have not only transmitted the affection by this means, from animal to animal, but from man to animal.

I was called on May 26, 1890, to see S. S., male, married, about 25 years of age. Found him reclining comfortably on a bed. He presented the following objective symptoms: Circulation a little hurried, respiration apparently normal, temperature 99½. He complained of a sore throat, which on inspection, presented no abnormalities, except slight redness. On further inquiry it was learned that what he called a "sore throat," was a slight dysphagia, especially manifested while drinking water. There appeared from his condition no reason for his lying down. But there seemed to be an unusual want of energy, a kind of "don't care" unusual to the man. During this visit he got up and sat in a chair, and appeared comfortable.

He related that while plowing two days before he had experienced a lightning like pain, running from his index finger, up his arm to the shoulder. This pain recurred several times at intervals of an hour or two and then ceased entirely. He attached no importance to these manifestations, talking on general topics pleasantly and naturally.

Eighteen months before, on an unusually dark night, on hearing a disturbance in his pig pen, he went to investigate. Finding that something was fighting his pigs he got into the pen and was attacked by a vicious animal, which he supposed to be a dog, but thought it probably a wolf or other wild animal. It slightly lacerated his cheek, and produced a small wound on the index finger of his right hand. These wounds healed promptly and as such gave him no further trouble.

He apparently attached but little importance to the matter, but by the solicitation of friends he was induced to go to Crawford County and to Missouri to have a "madstone," so called, applied. Both stones were said to have "stuck." He laughed about the matter frequently, and at the time of the first visit made no reference to his contest with the animal in his pig pen, and it was thought best not to refer to the matter.

He never believed it to have been a rabid animal, never believed it necessary to have the madstone applied or to have anything else done for him, and after the lapse of a few months expressed himself as not the least uneasy, supposing the time for all danger long since passed, if perchance the animal had been rabid.

Potassium bromide was given per orem, the patient being able with some little difficulty, to swallow the solution.

There was some apprehension that his case was hydrophobia, but no reference was made either to the patient or his friends to the subject, during this visit.

Quietude, the exclusion of all unusual company and sources of excitement was enjoined. The following day his condition was much the same. He had slept some during the night, the last he had until his final sleep. The spasms of the muscles of deglutition were somewhat more marked, and there was a peculiar stare during the spasmodic paroxysms, which recurred on every attempt to swallow a fluid. He was more restless, no longer occupying the bed, even a portion of the time as on the day before.

From the history of the case, though the period of incubation had been unreasonably long, and diligent inquiry disclosed no other source of infection, and from the symptoms presented, a diagnosis of hydrophobia was made. His friends were quietly informed of this decision and an unfavorable prognosis given. But still hoping that it might be a case of lysophobia or hydrophobic non-rabique of the writers, no reference was made to the subject in the presence of the patient, and his friends were again warned against any reference to the matter in his hearing.

But the character of the subject, the frivolous manner in which he discussed his affliction; the fact that he had never expressed any fear during the long period of incubation, believing the time of all danger passed; the marked involuntary spasms

of the muscles of deglutition, the maniacal stare during the paroxysms, the absence at this time of any intellectual impairment; the initial symptom, exhibited in the darting neuralgic pain, originating at the point of one of the primary lesions, and the smaller one; the fact that he was ignorant of the symptoms of hydrophobia; that he exhibited none of the popular fallacies in his symptoms, all argued that his was a case of genuine hydrophobia. He complained of no pain except the pain caused by muscular contraction during the spasmodic paroxysms.

Acting on the well founded theory of Trouseau, that hydrophobia, like all other infections, is self-limited, and that if the vital forces could be sustained long enough, recovery would take place by limitation, and as it was with the greatest difficulty that he could swallow anything, ænemas of peptonized milk were given, and large doses of bromides were administered in the same manner.

On the third day he was seen by my invitation, by all the physicians of my town, including Dr. Brewster who is present to-night. The convulsive paroxysms were terrible, involving in addition to the muscles of deglutition, those of respiration, and to some degree the whole muscular system.

At first he had a convulsion of the muscles of deglutition only, on attempting to drink, later the sight of a fluid was sufficient to bring on a paroxysm, but at this time the sight or suggestion of anything fluid or semi-fluid, a sudden noise, or bright sunlight would bring on a most horrible spasm. In the intervals between his paroxysms he was in the possession of all his mental faculties, and would intelligently assist all efforts for his relief. At this stage of the case an effort was made to introduce a rubber tube, through the æsophagus into the stomach for the purpose of feeding, but the effort was a failure, as might have been anticipated. Under similar circumstances gastrotomy might be justifiable.

He became during the evening delirious, maniacal at times, but during his lucid intervals begged to be confined, so that he could not injure those about him. He was finally confined by putting a strong belt around his waist, from which ropes were extended to the four sides of the room leaving him in the middle of the floor. He soon lost his mental control and became a raving maniac, exhibiting many of the characteristics of the canine species, especially canine cunning in his efforts to get hold of those around him. His condition continued from bad to worse, until noon of the fourth day, when he died from asphyxia, in the midst of a general tonic convulsion.

Not much time will be devoted to the discussion of the treatment of this formidable malady.

Prophylaxis is, in view of the fact that it is always transmitted by contagion, of the greatest importance. This is best secured by the prompt destruction of all animals known to be infected, and by the muzzling of all dogs in the country when there is the least suspicion of rabies. By this means the cases of rabies received into the Veterinary Hospital in Berlin, were reduced from 278 during the nine years from 1845 to 1853 inclusive, to none for the five years from 1857 to 1861 inclusive. The treatment of the bites should consist of as prompt as possible excision of infected part wherever practicable, otherwise cauterization. These measures may be beneficial in the destruction of the germs, and may influence the mind of the patient benefi cially, the only possible effect the application of a madstone can have. These mental effects may be of benefit in real infection by inspiring confidence and helping to sustain the vital forces for more successful resistance. The pharmacopæia has been exhausted in a search for a remedy, as is the case in all intractable diseases, but none has been found among drugs. Nervous sedatives and narcotics may at times give some relief from suffering, beyond which nothing is to be expected from the exhibition of any drug.

Galtier's intravenous injections of virulent saliva, apparently a desperate remedy, would be justifiable when further experimentation proves it to be a harmless procedure, in herbivora and in man, especially after experimental inoculations have shown the infecting animal to be rabid. Or the same end may be ac-

complished by the use of attenuated virus, or as suggested, by extreme dilutions injected into the veins.

Pasteur's treatment of hydrophobia by injections of the attenuated virus promises much, but is difficult at present to apply in general practice. The following is copied from the November, 1895, number of the *Review of Reviews*: "According to the report issued by the Pasteur Institute for 1886, of 2,671 persons vaccinated that year against hydrophobia, 25 died—.94 of one per cent. In 1887, 1,771 persons were treated; 13 died—.73 of one per cent. In 1888, 1,622 were treated; 9 died—.55 of one per cent. In 1889, 1,830 were treated; 7 died—.38 of one per cent. In 1890, 1,540 were treated; 5 died—.32 of one per cent. In 1891, 1,559 were treated; 3 died—.19 of one per cent. It will be noticed that each year the per cent of deaths was lowered, an average of about one-half of one per cent of loss in six years."

Along this line of treatment, for which the labors of the great Pasteur have done so much, it is confidently believed discoveries will be made, that will be of incalculable benefit to the human race, not only in the prevention and treatment of hydrophobia, but in the prevention and treatment of all other infectious diseases.

It is but proper to state that in the preparation of this paper I have relied very much on the article in Pepper's System of Medicine by James Law.

The board of public affairs of the city of Little Rock have decided to locate the new "Logan H. Roots Memorial Hospital" on ground adjoining the building of the Arkansas Industrial University Medical Department. The medical school donated one lot for the building on condition that satisfactory arrangements could be made for utilizing the clinical material of the hospital for teaching purposes. Work on the building is to be commenced by May 1, 1896, and will be completed before the beginning of the next course of lectures.

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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PUBLISHED MONTHLY, - - - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A.
L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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To the Journal of The Arkansas Medical Society, 111 E. Fifth St., Little Rock, Ark.

VOLUME VI.

MARCH, 1896.

NUMBER 9.

Editorial.

Once More as to County Medical Societies.

The subject of organizing county societies has been written upon so much in this journal that it has become as old straw threshed over and over again until it has been pulverized into imponderable, impotent dust. Yet a sense of the overwhelming importance of the work at this particular time impels us to say a last word just before our annual meeting while but a short time remains in which to do the things on which our success will depend.

By a change in our constitution, to which attention has been called time and time again, it is only necessary to have a membership of three in a county society. There are several counties in the State in which there are three or more members of the State society, but no county association has been organized, and in some of them even the attempt has never been made.

In a large number of counties there are one or two members of the State society, but no county society. There ought not to be the slightest difficulty in affecting an organization where there is already a sufficient number of members of the State society to effect an organization; and by a very little exertion in the counties that contain only one or two members a few others could be induced to attach themselves to a medical organization.

No argument is necessary to emphasize the importance of county society organization and a very little foresight can predict that the whole profession of our State would be carried forward wonderfully if general and systematic exertion were made along this line before our annual meeting now so near at hand.

It is rather a sad reflection on our brotherly (or perhaps unbrotherly?) profession, to have to acknowledge that we are so given to disagreements, jealously, envy, rivalry and selfishness, that even though some of us belong to the large State organization we are so unfraternal that we can not get together on the smaller field bounded by county lines; or, that our influence is so limited that one physician has not the inclination to attempt to persuade his brother to join him in a good cause.

All that has to be done is to give public notice of the time and place of meeting for the purpose of organizing a county society, then if as many as three respond to the call organization can be effected and the foundation for greater results can be laid.

We venture the assertion that if one reputable physician in each county of the State inserts in his county paper a call for a convention of the regular physicians of his county, that with but one or two exceptions (and that in counties having only one or two graduates) there will be

by the 15th day of April, 1896, as many county medical societies as there are county courts in Arkansas.

Won't some physician in each county make the trial? If failure is the result it won't be any worse than it is already, and if success follow the attempt a good thing will have been accomplished. The officers of the State Society will be glad to correspond with any one who desires their aid in this important undertaking.

Editorial Notes.

The twenty-first annual session of the Arkansas Medical Society of Arkansas will be held at Fort Smith, Ark., April 29, 30, and May 1, 1896. This memorandum is made for the benefit of those who take no note of time, not even by its flight.

With charming versatility the committee of arrangements has induced some of the "Border City's" legal lights to permit a somewhat grand exhibition of "the mistakes of lawyers" during the meeting of the State society. The telegraphic dispatches announce that Judge Parker has just sentenced five persons (four men and one woman) to be hung at Fort Smith, April 30.

The smallpox is gradually decreasing in the infected localities heretofore mentioned, and no new outbreaks have been reported. Just on the heels of the smallpox comes a political campaign that cannot be stamped out before November at the earliest. The smallpox is bad enough but it can be checked, and when it is effectually stopped that is the end of it. But just to think that after this long political campaign we are to have another legislature!

The Ohio legislature has just passed an efficient medical law. This means more quacks for Arkansas. Whenever medical renegades are hard pressed in other States look out for undesirable immigration to our State which is invited by our inadequate medical statutes not strictly enforced.

The Arkansas Medical Hociety.

OFFICERS OF THE SOCIETY 1895-96,

President-L. P. GIBSON, Little Rock.

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Secretary, Bentonville.

The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

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COMMITTEE ON STATE MEDICINE.

E. G. EPLER, Chairman, Fort Smith.

	or area, comming to the committee	
COUNTY.	NAME.	POST OFFICE.
Ashley	J. W. Simpson	Berea,
Baxter	J. B. Simpson	Mountain Home,
Benton	C. E. Hurley	Bentonville,
Boone	John Bolinger	Lead Hill,
Carroll	J. D. Jordan	Eureka Springs,
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Clay		St. Francis,
Cleburne	W. J. Hornbarger	
Cleveland	W. W. Breathwit	Kingsland.
Columbia	W. N. Warren	Buckner,
	A, R. Bradley	
Craighead	C. M. Lutterloh	Jonesboro,
		Van Buren,
Cross	J. L. Hare	Wynne,
Dallas	Z. J. Lantorn	Dalark,
Drew	F. M. Loper	Monticello,
Franklin	H. H. Turner	Ozark,
	W. H. Barry	
Hempstead	S. M. Carrigan	Washington,
Hot Spring	J. F. Grahum J. T. Whitmore	Malvern.
Howard	J. T. Whitmore	Centre Point,
	D. E. Evans	
	J. S. Graham	
Jefferson	Z. Orto	Pine Bluff,
	G. D. Huddleston	
Lafayette	F. W. Youmans	New Lewisville,
Lawrence	W. J. Hatcher T. J. Robinson	Imboden,
Lee	T. J. Robinson	
Lincoln		Douglas,
	E. T. Powell	
	F. A. Corn	
	W. R. Brooksher	
	W. C. Spearman	
Mississippi	R. C. Prewitt	Osceola,
Monroe	E. T. Murphy	Brinkley,
	E. R. Armistead	
	A. B. Loving	
Phillips		Helena,
Polk	L. B. Sutherland	Cove,

COMMITTEE ON STATE MEDICINE—Continued.

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Prairie J.	R. Lynn		Des Arc.
Pulaski R	. B. Christian		Little Rock,
St. Francis V	V. R. Cason		.Forrest City,
ScottA	. A. Sanford		. Waldron,
Sebastian E	, G Epler, (Chairman)	Fort Smith,
Sharp J. Stone R	ohn Johnston		Sidney,
Stone R	R. S. Blair		Mountain View,
Van BurenV	V. R. Greeson		Clinton,
Washington A	. G. Henderson		.Fayetteville,
White	M. Jelks		Searcy,
Woodraff			

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1, E, F	tolland, Chairman, Hot Springs.	
COUNTY.	NAME.	POST OFFICE.
Arkansas	J. H. Hutchinson	De Witt
Bayter	I. B. Simpson	Mountain Home.
Renton	T W Hunley	Bentonville.
Bo ne	A I Vance	Harrison.
Bradley	No member of the State Socia	ety resides in this County.
Calhoun	66 66 66 66 66	66 66 66 66
Ashley Baxter Benton Bo ne Bradley Calhoun Carroll Chicat Clark Clay Cleburge	W. A. Reese	Eureka Springs.
Chicot	No member of the State Socie	ty resides in this County.
Clark	I. C. Waltis	Arkadelphia,
Clav	W. B. Shields	St. Francis.
Cleburne	Adam Guthrie, Jr	Quitman,
Cleveland	C. A. Stanfield	Toledo,
Columbia	W. N. Warren	Buckner,
Conway	A. R. Bradley	Plummerville,
Craighead	J. H. Kitchens	Jonesboro,
Crawford	J. A. Dibrell, Sr	Van Buren,
Crittenden	No member of the State Socie	ety resides in this County,
Cross	J. L. Hare	Wynne,
Dallas	Z. J. Lantorn	Dalark,
Crayfiead Crawford Crittenden Cross Dallas Desha Drew Finilkner Finilkner	No member of the State Socie	ety resides in this County,
Drew	M. Y. Pope	Monticello,
Faulkner	No member of the State Socie	ety resides in this County,
Franklin	W. A. Amis	Ozark,
Calland	No member of the State Socie	ety resides in this County,
Thing.	No mambar of the State Socie	not Springs,
Franklin Fulton Garland Grant Greene	No member of the State Socie	ty resides in this County,
Hemnetead	R. M. Wilson	Hone
Hot Spring	J. F. Graham.	Malvern.
Howard	I. S. Corn	Nashville.
Independence	J. S. Corn D. C. Ewing	Batesville.
Izard Jackson	E. A. Baxter	
Jackson	J. M. Jones	Newport,
Jefferson	A. C. Jordan	Pine Bluff,
Jefferson	W. R. Hunt	Coal Hill,
Lafayette	F. W. Youmans	New Lewisville,
Lawrence	W. J. Hatcher	Imboden,
Lee	W. L. Harpe	Park Place,
Lincoln	W. M. Bittinger	Grady,
Lafayette. Lawrence Lee Lincoln Linde River Loggan	No member of the State Socie	ety resides in this County,
Londo	J. S. Shibley	Tomple
Madison	W. Granberry	ote vasidae in this County
Logan Lonoke. Madison. Marion. Miller Mississippi	W R Brooksher	Vellville
Miller	W (Spearman	Tevarkana.
Mississippi	R. C. Prewitt	Osceola,
Monroe	E. T. Murphy	Brinkley.
Montgomery	No member of the State Socie	ety resides in this County,
Monroe Montgomery Nevada	E. R. Armistead	Prescott,
Newton	No member of the State Socie	ety resides in this County,
Nevada Newton Ouachita Perry Phillips Pike Poinsett	A. B. Loving	Camden,
Perry		ety resides in this County,
Phillips	A. A. Horner	Helena,
Tike	No member of the State Socie	ety resides in this County,
Dolo.	I D Cashandand	Cover
Polk Pope Prairie	W U U:	Puccellville
Prairie	W W Hipolite	Devall's Rluff
Pulaski	I H Southall	Little Rock
	J. **! Doutman	

COM	MITTEE ON	STATE ME	DICAL LEGIS	LATION AN	D EDUCAT	rion—Contin	ined.
COUNTY.			NAME.				ST OFFICE.
Randolph			No m	nember of	the State !	Society reside	es in this County,
Saline					60 65	66 66	46 66 66
Scott			A. A. Sa	nford			Waldron,
Searcy			Non	nemberot	the State	Society reside	es in this County,
Sebastian			B. Hatel	nett	- C	0	Fort Smith, es in this County,
Sevier			T-b- I-b	nember of	the State	Society resid	es in this County,
Sharp			John Jon	mston			Formest City
Stone			P S RI	air			Sidney, Forrest City, Mountain View,
Union			Non	nember of	the State	Society resid	es in this County,
Van Buren			W. R. Gr	eeson			Clinton.
Washington			T. W. Bl	ackburn			Favetteville.
White			D. H. St	ayton			Searcy,
Woodruff			L. A. Jel	ks			McCrory, es in this County
Yell			No r	nember of	the State	Society resid	es in this County
Committee	on Necro	logy-I. W	. Hayes, Ch	airman, N	Iarianna;	J. T. Jelks,	Hot Springs; F.
Vinsonhaler, Li							. ,

The Outlook.

The little leaven started at Fort Smith is leavening the whole lot and soon the entire State will be working for the approaching meeting. There is every reason for predicting that the Fort Smith meeting will surpass the last annual session and that means it will be better than any we have ever had.

This is not the first time we have referred to our predictions previous to last year's meeting and their fulfillment in every particular, because there were many skeptics who believed they were not based on trustworthy information, or that they were published for effect only.

The most superficial observer must be aware of the conditions that will be conducive to a large gathering at Fort Smith. In the first place the society has not met in the western part of the State in eight years. During that time there has been a large and desirable immigration into that section and among the newcomers are many physicians who will attend the meeting.

Secondly. The northwest being a land of diversified crops and a great fruit producing section her physicians ought to be better able to attend the societies than are their less fortunate brothers who reside in a one crop country, though our records don't show that doctors in the "cotton belt" have been at all behind those of the great "northwest" in all that pertains to our medical organization.

Third. In the counties of Benton, Carroll, Crawford, Franklin, Johnson, Logan, Pope, Sebastian, Washington and Yell are more than 200 regular graduates in good standing, whose names we have, who can reach Fort Smith by rail within a few hours. No other part of the State of equal size contains so many physicians as conveniently near a possible meeting place.

Fourth. The members of the medical profession are taking more interest in the society this year than they ever have in the past.

Fifth. The whole State is being canvassed more thoroughly than has been possible in any previous year, and every reputable regular physician will be appealed to to attend the meeting and join the society.

Sixth, last and most important, Fort Smith is a lovely place to go and a hard place to leave; and a place impossible to stay away from more than eight years, after once having been there.

Reasons for predicting an unprecedented session could be multiplied indefinitely, but it is unnecessary and might become tiresome.

But all prophecies will fail and our hopes will not be realized if there shall be the least relaxation in our work between now and April 29.

Let us "keep everlastingly at it."

The Preparation of the Preliminary Program.

It is our earnest desire to publish in the April number the preliminary program of the meeting. A copy of the JOURNAL will be sent to every regular physician in the State, and it is therefore of the utmost importance that those who intend to read papers should send in their titles in ample time. It must be borne in mind that there is no lightning process by which a long program can be prepared and printed on the morning of the first day of the meeting. Every year the committee on arrangements has been handicapped and harassed by the dilatoriness of those who intend to read papers neglecting to send their titles in time. If there be any doubt about forwarding title on account of uncertainty of being able to attend the meeting, all trouble can be avoided by preparing the paper and sending it on, regardless of whether the author will be able to be present. This will insure a full program and enable the officers to prepare it with some degree of certainty as to how much of it it will be possible to carry out.

The April number of the JOURNAL must be mailed by the 15th of that month, therefore the captions of papers must be sent in not later than April 1.

A very significant statement was contained in the preliminary announcement of the meeting of the medical society of the State of New York. It was this: "An effort will be made this year to have fewer papers and more extended discussions of topics presented. Any member wishing to discuss one or

more of the papers in the accompanying provisional program will please send his name to the business committee for insertion in the final program." We wish to call attention to the last sentence, at the same time saying that there is no possibility of having too many papers for our meeting.

It has been the earnest desire of every committee of arrangements to have at least one topic in each section arranged beforehand for systematic and thorough discussion. This no committee has heretofore been able to do for the reason that those who were willing to lead and capable of leading in such debates have refrained from giving the proper officer timely notice.

Any member who expects to read a paper will confer a special favor by sending immediately its title to Dr. F. Vinson-haler, secretary of the society, at Little Rock.

County Hocieties.

Roster of County Societies.

COUNTY, MEM'S PRESIDENT,	SECRETARY. MEETING PLACE. STATED MEETINGS.
Ashley 5I. J. Newton, Hamburg	J. W. Simpson, Berea
Benton22W. G. Floyd, Bentonville	C. E. Hurley, Bentonville Bentonville Bimensal.
Boone 16J. T. Tipton, Lead Hill	L. Kirby, Selected by vote Quarterly. Harrison of society
Carroll andR. P. Moore Eureka SpringsOak Grove	L. W. Weaver Eureka Springs, Quarterly.
Garland	E. C. Hay, Hot Springs Monthly,
Independence23T. J. Woods, Batesville	J. W. Case, BatesvilleQuarterly.
-	Newport Monthly.
Jefferson 30J. W. Withers Pine Bluff	J. P. RunyanPine BluffMonthly.
	Helena Monthly.
Prairie 8 F. A. Hipolite, DeVall's Bluft	J. R. Lynn, f Des ArcAnnually,(April 15, 1896)
	F. Vinsonhaler, First and third Monday Little Rock of each month.
Sebastian26 E. G. Epler, Fort Smith	J. D. Southard, Fort Smith Every second Tuesday.
Washington John Young, Springdale	T. W. Blackburn, Fayetteville

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the JOURNAL in completing the roster of county medical societies.

The Ashley County Medical Society.

The secretary of the State society has been notified that a medical society has just been organized in the county of Ashley. The veteran practitioner Dr. I. J. Newton was elected president and Dr. J. W. Simpson, secretary. It is a long way from "Ashley" to "Yell" in the alphabetical list of the counties of the State—the names of seventy-two counties intervening—and it is a long distance from Ashley to Sebastian geographically, but it is pretty certain they will get together, with most of the intervening counties, at Fort Smith, April 29.

What has recently been done in Ashley County, can, with just a little energy, be accomplished in every other societyless county in Arkansas between now and this time next month.

Dr. Newton, the president of the new society is one of the oldest and most successful practitioners in the South. His example and experience ought to be worth something to the younger members of the profession. Dr. J. W. Simpson joined the State society only last year. He must have been convinced of the benefits of a society or he would not have been instrumental in forming one.

Of all professions the members of the medical rely most on the experience of their brothers in matters of practice. Why not follow it in other channels just as important to the body medical?

3+.

It Takes Only 3 Physicians to Organize a Medical Society in Any County in Arkansas.

With only 3 members every one of them could be an officer, but only one the president. In two more years however, every member would have had the "highest honor within the gift of the society," provided, the organization didn't grow any.

With 4 members the office of vice president would be very necessary thereby still giving every member an office.

With 5 members the financial transactions might require the separation of the offices of secretary and treasurer which would give all five of the members offices. To be sure a society of as many as 6 members ought to have a librarian, and the creation of such an office would, in addition to the officers necessary for a membership of five give each member an official position.

+++

In a society composed of as many as 7 members, differences of opinions may arise and personal feeling may at times run quite high. It would be entirely proper for an organization of so many to have a board of censors composed of at least three prominent members. But with the creation of this medical court it would be necessary with such a limited membership to omit some of the officers suggested for a smaller number.

+++

In a society composed of 8 members, the office of either librarian or treasurer could be very profitably added again, so that each could have the honor of an official position.

+++

When the number of 9 is reached it is still difficult to find enough members to fill all the offices usually belonging to a good working society.

+++

Even when it requires two figures to designate the society's membership, the fact still remains that all the members are not enough to fill all the offices, for the important standing committees are absolutely essential to the proper progress of the business and scientific proceedings.

+++

With every increase of members there is demand for more officers until the painful fact is apparent that with the exception of about three counties in the entire State it is impossible to get as many members as there are offices to fill, if a really well officered organization is to be carried on.

+++

Is it not strange, passing strange, that with all the opportunities for office presented by a medical society and found in no other profession, there are some doctors who will stray into devious by-ways of politics and seek preferment by running for coroner or member of the legislature? A faithful physician should curb his ambition and never accept any official position outside of his medical society except of course that of school director.

Personal and Miscellany.

On account of his health Dr. J. R. Cason, of Forrest City, will remove to Jackson, Tenn. Dr. T. M. Baird, formerly of Hot Springs, has removed to Forrest City.

The Fort Smith Times says: "The doctors will be accorded a warm welcome to Fort Smith. The Commercial League will assist the Sebastian County Medical Society to entertain the visitors and everything will be done to make it the most enjoyable meeting the society ever had."

Sale of Physician's Business with Agreement Not to Practice Medicine.

Two decisions by the supreme courts of two different States were recently handed down confirming the validity of a contract not to practice medicine. The first is a recent decision of our own supreme court, and the second one from that of Alabama.

ARKANSAS DECISION.

"In the case of H. R. Webster and C. A. Reed v. D. S. Williams, from Texarkana, decided yesterday in the supreme court by Mr. Justice Wood, a perpetual injunction was decreed against Dr. D. S. Williams preventing him from practicing medicine in Texarkana and vicinity.

"The case is an interesting one in that this precise question has never come

up before our supreme court before.

"Dr. D. S. Williams was a practicing physician at Texarkana and entered into a contract with Drs. Webster and Reed whereby the latter bought out his good will, etc., and the former bound himself to retire permanently from the practice in Texarkana and vicinity.

"Instead of abiding by his contract, Dr. Williams recommenced the practice of his profession and suit was commenced to compel him to desist, in accordance

with the terms of his contract.

"Mr. Justice Wood stated in brief that the only point involved in the case was whether a contract of this character was void as to public policy, as to its

being in restraint of trade, etc.

"He held that such contracts are not void, and that the plaintiffs are entitled to relief in a court of equity, and decreed a perpetual injunction against Dr. Williams, restraining him from practicing in Texarkana and vicinity."

ALABAMA DECISION.

"A practicing physician in Anniston, Ala., sold, for \$125. his horse, buggy, and medical practice, agreeing as a part of the contract, not to practice his profession in that city for two years, and making the further stipulation that in case of failure to comply with the agreement he would pay, as a forfeiture, the sum of \$200. In a decision rendered December 17, 1895, the Supreme Court of Alabama,

McCurry v. Gibson, upholds this contract. It says that it is settled by the authorities that the purchase by one party of the property and good will of the business of another furnishes a sufficient consideration for an agreement by the latter, in enhancement of the value of the good will, not to compete with him in the conduct of the business. The rule is the same when a physician sells his property and practice to a professional brother. It was at an early day supposed that the consideration in such cases must be adequate, that is, equal in value to the restraint imposed; but this idea has been exploded. The contract in this case showed upon its face a sufficient consideration, and the court will not assume the task of ascertaining whether the party selling out made a good or a bad bargain. It contained a valid agreement for the payment of \$200, as fixed damages, for its breach. And that stipulation is no barrier in the way of granting relief by injunction, which is a negative specific performance of the contract; the purchaser having his election to sue for damages or to have the agreement performed according to its terms. Neither is it necessary to show that a physician is actually practicing before he can contract for the property and good will of another, nor to show that he had at that time complied with the legal requirements for practicing medicine at that place. A license is not necessary to making such a contract, especially where it does not appear that an infraction of the law with regard to practicing medicine is contemplated. Furthermore, in Alabama, it would seem that it is not required that a physician have his certificate of qualification recorded in a county to which he removes after it has been issued and once properly recorded."

Dissensions in the Management of St. John's Hospital, Fort Smith.

From the Fort Smith Times of March 6, we copy the subjoined. The JOURNAL forbears at this time to make any comment further than to state that from what appears in the papers it is but a repetition of what generally occurs when trademarked place-seekers attempt to get control, for selfish purposes, of institutions which ought to be conducted on ground so high that irregulars would not dare to even approach their environments.

[FROM FORT SMITH TIMES.]

"The Sebastian County Medical Society and St. John's Hospital have parted company. No longer through its portals will pass the members of the craft who, during the past few years, have contributed their time and service to the patients of St. John's. Internal dissensions have wrought the change, and henceforth only those physicians who do not hold allegiance to the old school of medicine will be seen on the premises. The change has precipitated the resignation of the force of nurses as well, and now Miss Moses, the matron in charge, is comparatively alone.

"All this has been hovering in sight for many days, and frequent meetings of the hospital guild and of the medical association have been held with a view to averting the sweeping change and with the hope that peace and harmony night prevail, but to no purpose, and the new order of things has begun. The change came when the guild determined that physicians other than those who are members of the medical society should enjoy the privileges of the hospital and be in a general way on an equal footing in the medical department of the institution. There are, it seems, six of these physicians, and by reason of nonmembership in the society have never been in touch with it, and as its members have had exclusive control of the hospital in their department the irregulars could only drive by. On the first of each month one of the "regulars" who had been giving his services for the preceding month would give way to another and that one would make daily

visits till the following month. When necessity required it, consultations were held, always among the members themselves, and the irregulars were never in it.

"This might have gone on indefinitely were it not for the fact that among the members of the guild were those who thought there should be no discrimination, but that every physician, whether of the old or new school, and without regard to membership in the Sebastian County Medical Society, should enjoy the freedom and the privileges of the hospital. The question came up at meetings of the guild and discussions followed. It was fought down, but again and again it claimed attention. All this reached the ears of the hospital staff of physicians and surgeons, but they said nothing and continued to saw bones.

'Gradually two factions developed in the guild and the breach widened. Seeing that something had to be done, the society was formally notified of the internal dissension in the hope that an arrangement satisfactory to all concerned might be effected. More meetings followed and conferences held until a partial agreement was reached, but just when the skies began to once more assume a roseate hue the storm broke loose again in the shape of a vote which, by a majority of two, declared in favor of admitting the irregulars. A note to the medical society advising that body of the action taken and notifying them that in future that they should do so, was sent.

"Three hours later every member of the society had been notified to attend a special meeting, and when the notice of the guild had been read, there was an immediate demand that the society withdraw its support from the hospital. The vote taken was unanimous in favor of cutting loose, and they so notified the guild

at once and the change was made.

"Since then they have not gone near the place. The nurses seem to have been in sympathy with them as they have left, and an entirely new order of affairs

prevails within the walls of the institution.

"There is talk of a new hospital being established at once under the auspices of the Relief Union, and the Sebastian County Medical Society stands ready to offer its services.

Belected Article.

Conservatism in Ovariotomy.*

BY HOWARD A. KELLEY, M. D.

Professor of Gynecology in the Johns Hopkins University, Baltimore, Md.

I have recently received two vigorous letters, which I inclose, from friends who are doctors, upon the ethical status of the operation for the removal of the ovaries. These letters have brought vividly to mind a note which I published in the American Journal of Obstetrics, for February, 1893, entitled "The Ethical Side of the Operation of Oöphorectomy;" I have gone over the ground once more from the standpoint of almost three years' growth in gynecology, to see what positive advances have been made in answer to this burning question, Both of the letters are from highly valued friends, for whose opinions I have a profound respect, and in whose judgment I place full confidence; I feel under obligation to reply to them in such a way as shall effectually promote the end in view. One of these letters, the second one, is from a distinguished physi-

^{*}From the Journal of the American Medical Association February 8, 1896.

cian, the leading practitioner in one of our large cities, and a man of national reputation. I publish both just as I have received them, believing them to be more valuable in this form, than if I had asked the writers to make alterations in accordance with any minor criticisms I might have to offer.

Conservatism, the appeal of my correspondents to conscientious gynecologists, is undoubtedly the progressive spirit in gynecology; exsective and amputative gynecology has gone to its extreme limits, and the more thoughtful surgeons looking at all the questions involved, in their broader aspects, have already sounded the keynote of the new advance. To put the matter clearly before the minds of practitioners in general, I would cite categorically the following conservative procedures, which replace radical measures:

1.—Resection of diseased ovaries and opening and draining tubes, as urged by Dr. Wm. M. Polk, of New York, in the American Journal of Obstetrics, July, 1894, Vol. 30, pp. 1-15, and in the Transactions of the American Gynecological Society,

1893, Vol. 18, p. 175.

2.—Myomectomy as a substitute for hysteromyomectomy, by Dr. E. C. Dudly, of Chicago, in the *Transactions of the*

American Gynecological Society, 1894, Vol. 19, p. 126.

3.—Opening and draining pelvic abscesses posterior to the uterus. See "Conservative Treatment of Pyosalpinx," by Cornelius Kollock, in *Transactions of the Southern Surgical and Gynecological Association*, Vol. 6, p. 43. Also "Conservative Surgical Treatment of Para- and Peri-Uterine Septic Disease," by Fernand Henrotin in the *Transactions of the American Gynecological Society*, Vol. 20, p. 223; reviewed editorially in the *Journal of the American Medical Association*, June 22, 1895, p. 983.

4.—Vaginal drainage in some cases of extra-uterine pregnancy. See my article in An American Text-Book of Obstetrics,

Philadelphia, 1895.

5.—Excision of both large and small parovarian cysts, without sacrificing ovary and tube, in my own practice, not yet

reported.

I do not wish to dwell on these operations now, for it is rather my object to try to arouse a more general feeling of interest in the broad moral bearings of the entire question. In doing this, I dare not omit the most fruitful of all causes of the unnecessary mutilation of women, and that is, the large numbers of men all over the country who are entering upon this specialty without any adequate preparation, and are yet anxious at as early a date as possible to "make a record." I have seen repeated examples of this reckless exsective surgery, and it is

my privilege every week to save women who have in some instances traveled long distances to get further advice. Only yesterday I saw a hysterical girl about 18 years old, drugged with morphine, and without any pelvic disease whatever, whose physician thought that ovariotomy was clearly indicated. A patient, now under treatment for a mild trigonitis (inflammation of the vesical trigonum), came to me because her previous attendant, after some treatments applied to her ovaries through the vault of the vagina, declared that her ovaries and tubes were diseased and must come out, or he could not cure her. And yet she has not a trace of pelvic disease outside the little trouble in the bladder. And so on, I might add case after case usque ad infinitum.

I shall not, in this brief appeal to higher morals, analyze causes minutely, but I can not help adding that apart from the question of integrity involved, these men have never thoroughly learned, at the hands of a skilled clinician, the technique of the bimanual examination; they make their diagnoses symptomatically, and hence the frightful errors. Nor would I lay all the blame on the untrained men; even the best men have erred, but they have had the saving grace to report their errors for the benefit of others. As evidence of this, I pick up with little effort, the following cases of pregnancy occurring in women, the first six of whom had been advised to have their ovaries and tubes removed, but had refused, and twenty-four of whom under the ordinary procedure of the day would inevitably have been made sterile.

Women refusing operation who afterward became pregnant and bore children: Dr. Wm. Goodell, two cases (Clinical Gynecology, Keating and Coe. Introduction, p. 10). Dr. Archibald MacLaren, one case (Trans. Amer. Gyn. Soc., Vol. 18, p. 334). Dr. Charlotte B. Brown, one case (''Rest, a Therapeutic Means in Gynecology.'' Read before the Medical Society of California, April, 1895). Dr. H. A. Kelly, two cases (unreported).

Cases of abdominal operations on ovaries treated conservatively, followed by pregnancy: Dr. Wm. M. Polk, nine cases Amer. Jour. Obstet., July, 1894, Vol. 30, p. 1). Dr. Robert A. Murray, six cases (see Dr. Polk's paper, just cited). Dr. B. McMonagle, one case (see Dr. Polk's paper). Dr. B. F. Baer, one case (see Dr. Polk's paper). Dr. Frank Talley, one case (Amer. Gyn. Obstet. Jour., March, 1895). Dr. H. A. Kelly, three cases unreported). Dr. Matthaei, six cases, five children (Zeitschr. f. Geb. u. Gyn., Vol. 1, p. 2.)

Dr. Polk had six cases of inflammatory disease in which he conserved the appendages, with the result of nine pregnancies

Dr. McMonagle's case was altogether remarkable and ought to be carefully studied by every gynecologist. In one of my own cases I opened and drained a large right ovarian abscess, and pregnany occurred within two years. We have here then, as a result of this conservatism, either by the insistence of the patient, or the election of the surgeon, in twenty-nine women thirty-two childbirths. (One of Dr. Polk's patients, "wearying of maternity," secured a criminal abortion to rid herself of her second conception after the operation.) These facts need no comment, and speak volumes for the recuperative powers of these organs in disease. Another moral consideration of great weight is the necessity in all cases of making the woman clearly understand the effects of the operation on her whole life; undoubtedly many women accept the alternative of an operation in utter ignorance of its full consequences. The especial importance of this question to unmarried women may be seen when we reflect that about 20 per cent of all women do not marry, and that these are precisely the cases most likely to suffer at the hands of the unskilled surgeon. He is unable to make a clear diagnosis owing to physical obstructions, and so after a time, if the patient continues to suffer pain, he hazards a conjecture that the ovaries are diseased and decides that they must come out.

There is another question raised by these letters which ought to be considered in the interests of pure morals, and that is, the attitude of the physician toward the prevention of the infection of wives by their husbands. I know of no more distressing and pitiful sight than the pure women I often see whose lives have been wrecked by a marital infection. Just what course to pursue in the particular instance, the surgeon must determine for himself; but one conviction ought to rest on every man in the profession, and at all times find unhesitating expression, and that is, that there must not be a double standard of morals. What is wrong for a woman to do is wrong for a man to do. A female prostitute is as good as a male prostitute, and ought to command the same consideration and respect. This is a wise policy which looks to the future of the race, and its quickening influences and sound scientific results will surely be felt by our followers. If men were, as a class, as chaste as women, many of the problems of gynecology would solve themselves.

With this introduction, I will now let my correspondents speak, only adding that I feel in entire sympathy with the spirit of the letters.

LETTER I.

The operation of ovariotomy has two aspects, the ethical and the medical, both of which, I think, are likely to be lost

sight of by the ambitious young surgeon who sums up the whole matter so cavalierly, "recovery uneventful." On the ethical side, an uneventful recovery may mean for the woman a life of unhappiness, and it is an open question whether the sum total of uneventful recoveries does not increase immorality among men.

The function of menstruation is a natural process, most intimately associated with the highest and holiest feelings of womanhood. Most women rejoice in potential motherhood, and, when the time comes, gladly take their lives in their hands to accomplish it. I have personally known no exceptions to this rule, except those unfortunate women who were married to sensual and brutal husbands. A sensible woman wants to be well, to keep all the organs of her body in good condition, so as to perform all the duties of life. One of the most important of these, and precisely the one that comes nearest her heart, is the bearing and rearing of children. Now, the operation of ovariotomy places the marriage relation distinctly on a lower plane, and I am surprised to have seen this view expressed but once, even by the conservative surgeons. The grossness of the physical union in marriage is redeemed by its moral significance, the desire for children. This desire is stronger in women than in men, so strong that when I consider all the suffering of women in all the ages of the world for it, I am appalled. Think for one moment what women have endured from the brutality of men, from the ignorance and blunders of medical science, from a pitiless and degrading theology that denominates the pangs of maternity, "the curse of Eve." Men want children, too, but they do not care so much about them as women do, they do not make sacrifices for them half so willingly.

The existence of prostitution shows the difference between men and women as to the sexual instinct when the hope of children does not enter into it. Women prostitutes are almost wholly from the working classes; they are often ignorant country girls who have first been betrayed, and who are then forced to live in shame, because the hard economic conditions of life for women, prevent them from gaining an honest livelihood. An English barrister working among the poor of London estimated last winter that 20,000 prostitutes in London would gladly give up the calling, if they could find reputable employment. And a late utterance from one of the physicians on Blackwell's Island, New York, is that the most practical means of meeting the social evil is to open up avenues of employment for women. Men prostitutes, on the other hand, are from every class, and pay; they do not debase themselves for

the means to live. It is unhappily too true that a great many men have no notion of endearment or of shame in the sexual life, and this difference between men and women bears upon the operation of ovariotomy in two ways. In the first place it is morally indefensible to mutilate the wife for the sins committed by the husband before marriage. It adds frightfully to the physical disabilities of women, and it is a positive encouragement of vice. Every physician knows how many pure women fall victims to their husbands in this way, and it is the duty of every reputable physician to the community he lives in to discourage ovariotomy, except for the most urgent reasons. "The wages of sin is death," and one way to enforce this wholesome doctrine upon unchaste men is to leave them with ailing wives. This may seem hard on the women, but it is by no means proved that ovariotomy has not more ills in its train than good. On general principles, a woman is better off mentally, morally, and physically, if menstruation is allowed to run its natural course.

As to the husbands who are respecters of persons, and who remain true to their wives made sterile in this way, their lot is a hard one. I do not believe it is possible for a husband to love his wife as is her due knowing that she is physically incapable of becoming the mother of his children. And no wife can live so intimately without recognizing a difference, so that in addition to her woman's sorrow in childlessness, she is made to feel herself hopelessly outside of her husband's feelings. In mutilating her the surgeon may have made her as hateful to her husband's sight as if she had some frightful physical blemish. How much unsexing women may have to do with increasing immorality among men, I have no means of judging, but the popularity of ovariotomy and the propensities of men make the situation serious enough for the conscientious surgeon. Nor do I know what the ultimate effect of removing the ovaries is upon the woman's sexual feelings. Dr. Goodell thought at first it made no difference, but came to change his views. Many able physicians agree with him that the operation deadens the sexual sense. This is just one of the points that gynecology must clear up. It is certainly an unusual man who marries a castrated woman. Moreover, marriage based on sense, like marriage without love, is practically a life of unchastity. This feeling dominates every woman who declines to marry a man because she cannot love him as a wife should. She is unwilling to live a life of legalized prostitution, which is in plain terms simply what a great many marriages are.

So far I have spoken only of the castration of married women, but I think the operation is even more unjustifiable

when performed on a single woman, and should never be resorted to except when it is a choice between castration and death. To remove a young woman's ovaries or womb and then to tell her that she is incapable of marriage physically is a barbarous cruelty. Ethically, in mutilating a virgin in this way, the surgeon may have taken from her all chance of happiness on earth, and even her hope of heaven. Economically, as the world is constructed, many women have no other prospect in life than marriage. Besides, unless a woman has means, or education, or unusual strength of character, a single life is insupportable. And, I take it, these are not the qualities that are oftenest met with in the gynecologic wards of our hospitals. On the medical side Dr. Lusk puts the case much better than I can. Ovariotomy is not a cure; it is a makeshift, and in so far is a confession of weakness. Moreover, while aseptic surgery is undoubtedly a great advance on the old methods, it is not difficult to acquire. It is vastly easier to cut out a woman's womb than to make and keep it a healthy organ. And this is precisely the problem that is before gynecology as a science. It must first find out a way to produce a race of women with healthy generative organs, and second, it must learn how to keep all this delicate machinery in order under the immense strain of function put upon it. In many instances I believe the world would be better off if these ambitious young surgeons were put to their books. We need better trained general practitioners, not more men who can perform abdominal surgery successfully.

Now gynecology is a brilliant specialty, it offers great rewards in reputation and is money. A great many young men of all grades of intelligence and morals, are rushing into it. Naturally, they look to you as their exemplar, for your success in it has been exceptional. This is why I urge the matter upon your attention. I think your responsibility is very great. Personally, my trust in your good judgment and your heart is absolute, but these are unknown qualities in the young gynecologists who are following in your footsteps. Every day all over the land women are being mutilated at the hands of ambitious young men who are anxious to report to the profession that they can do ovariotomy or hysterectomy. I feel sure that not a few of these helpless victims might be saved present pain and future misery by a word of warning from you.

LETTER II.

You know that I feel and have felt very strongly on the subject of your letter. The time has been when to express such views as you express would condemn one to charges of "old

fogyism" or ignorance. But ever since the rage for ovariotomy took possession of the medical mind, I have had an invincible repugnance to the castration of women, and have often had hard work to restrain myself when statististics "of 100 cases without a death, "" "my first year's work in ovariotomy," etc., were read ad nauseam before our medical society. I shall never forget the night when one of our "best operators" handed round on a plate the two ovaries of a woman recently castrated; one had a small cystic tumor about the size of an apple, while in the other the cyst was not larger than a marble. The reporter dilated on the physical perfection of the woman. on the fact that she was about to be married, and then told of his successful operation. Just think of it! And is not this gynecology in its infancy, when to cure a minute cyst or to prevent its growth, the whole womanhood, the whole happiness and all the life of this woman were irretrievably ruined? And vet no one there said one word of disapproval, but all sat and admired the skill of this destroyer of everything that makes a woman's life worth living.

A wedding took place here this spring between a recently castrated girl and a young man who had been engaged to her for a long time. Do you not think that he would rather have married her with one ovary left, even if there were a probability of ill health and suffering? The girl, from being slender and young looking, in six months had grown stout and much older

and was by no means improved in appearance.

This is all but a prelude to saying how much pleased I was at the way you presented your case against the operation. I agree with you that ovariotomy, before or after marriage, ruins a woman in all the essentials of womanhood. It makes of marriage just what you say. Just think of the feeling which a man must have when he marries a mutilated woman! What does he marry for? There can be no hope and no happiness in such a union; there is no end to look forward to; there is nothing which makes marriage perfect and holy.

I wish your views could be brought to the inner consciousness of the gynecologists of the country. I wish they could be made to see and feel; but I fear many of them will think your opinions beyond the domain of science and practice and will pass them by. And then it touches the pockets. Ovariotomies are a source of income; many have grown rich on them and you strike at the root of a very thriving industry. But you should not drop your task for all this, and the fact that Dr. Kelley sympathizes with your efforts should encourage you to say and to do something to stem the torrent of mutilation.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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VOL. VI.

APRIL, 1896.

NUMBER 10.

Medical Society Papers.

The Antitoxins.



BY R. L. RAMEY, M. D., FORT SMITH.

[Read before the Sebastian County Medical Society January 14, 1896.]

The subject for discussion is a broad and very unsettled one. It had its origin with the discovery of Jenner, when he proved, by the inoculation of the vaccine virus into the human system, the prevention of smallpox. Then we come down to almost the last decade.

Have we now at our hands remedies that will not only palliate the most virulent of diseases but cure them? Not only cure them but prevent them? Will serum therapy produce the greatest revolution in the therapeutics of diseases of this scientific age? Is it to take the place of drugs in the infectious diseases, or is it to lend a helping hand? Or lastly, has all this work been done in vain, and is the literature destined to swell the private and public libraries as waste products adding

more and more to the monuments of useless science? Are we to look upon the discoveries of the last decade with pride, or is it to prove only a vain hope as so many other things that have had their rise and fall in the medical profession.

The antitoxins had their origin in the latter part of the last century, or as I have said, when Jenner made known his discovery, a result of observation for the previous twenty years. Jenner had discovered a preventive remedy for a disease that had swept from earth more people in the ten previous centuries than any other known malady.

Jenner knew nothing of the use of the microscope. His discovery was not made in the pathological and bacteriological laboratories, but merely from observation alone. He knew nothing of the attenuation of the smallpox virus by its passage through the system of the cow, but he knew one thing, that milkmaids infected with the lymph of cows suffering from smallpox did not contract the disease, or if they did it was a very mild form. This laid the foundation of his work and hence the discovery. Jenner claimed that the cowpox and smallpox of the human being was one and the same disease, which I believe to be generally conceded now. Jenner was the first pioneer in this new domain, he had much to encounter, he had many difficulties to overcome, it was so unreasonable to men of that day that a simple inoculation from the pustule of a cow suffering with smallpox could prevent the disease in man. It met with much opposition and hostility, yet it had some advocates who were willing to try anything to deliver themselves from the waste and ravages of that direful disease; and save themselves, as it were, from a premature grave. Think how gratifying it must have been to him to see the result of his experiments and to see them triumph. It was introduced into this country by Benj. Waterhouse, the first professor of the practice of medicine at Harvard University. It is useless to go into details concerning this lymph, suffice it to say no man has conferred such a lasting benefit to the human race. It is useless also to emphasize the importance of vaccination. You all know its value, you all know the rules for inoculation, I have no doubt, better than myself.

HYDROPHOBIA.

Hydrophobia, or dread of water, I believe the term signifies, is one of the oldest diseases, and one of the most unsatisfactory. It is spoken of by Celsus and Galen. Indeed some say Homer speaks in his Iliad of dogs infuriated with anger. Dr. Berdsley gives the first authentic account of wolves in Fraconia affected with rabies in 1271. It was at this time chiefly confined to the southern parts of Europe. In this country it appeared in Philadelphia in 1779. Since then we have had more or less in this country all the time. The serum therapy of Pasteur for hydrophobia seems to me uncertain. He takes the spinal cord of an animal which he had inoculated with the virus, dries for the first injection fifteen days, for the second thirteen and so on, mixing a certain amount with beef bouillon, then injecting according to the age of the patient making in all ten to fifteen inoculations. There is nothing known of the virus of hydrophobia. Three-fourths of a c. c. for men and a little less for women and children.

The statistics given by Paul Gibier of the Pasteur Institute for the years 1890-'91-'92-'93 of twenty-four persons who were bitten by rabid dogs which had bitten someone else causing death, were all, he claims, rendered immune. Of thirty-nine persons bitten by dogs with rabies which had bitten other animals and killed them, all were treated successfully. Berdoni Hoffreduzzi, who has also used Pasteur's treatment for hydrophobia during the years 1886-'87-'88, reports 241 cases bitten by animals which were experimentally proven to have rabies, 245 which were rendered certain by certificates of physicians, and in forty-five more the diagnosis was doubtful. Of the first group six died, of the second four died, of the third or doubtful group none.

Köch and Flügge say that Pasteur's inoculations have been used much too soon.

The contraindications to its use in my opinion are these: You would not wish to have an injection of serum of an animal just dead of the disease without you were very positive that you yourself had it, for fear it might be administered through the hands of the operator and not from the teeth of the animal. Dr. Paul Gibier relates an important case himself. He says that he injected a pup with a serum five times as strong as used for man and each day making injections into white mice and all recovered but one which died of an abscess five weeks afterward.

He claims 479 persons treated from 1890 to 1894. In most cases the animals that had bitten the patients displayed unmistakable symptoms of hydrophobia, or were examined by veterinary surgeons after they had died, and pronounced rabid. Some of the nervous substance was sent to the Pasteur Institute and the inoculation made into small animals, several of which had symptoms of hydrophobia and some died.

Ten out of the twenty-four persons who were treated at the Pasteur Institute were from Virginia. If these cases were similar to what I have seen his statistics are no better than those treated by madstones 5 miles from where I practiced medicine. I have no doubt that everyone of you have seen someone, perhaps many, who claimed they were bitten by mad-dogs and how many deaths gentlemen, have you in your statistics? I have four or five journals in which Dr. Gibier has written articles on hydrophobia, and in no instance do I see where he claims ever to have cured a positive case of rabies. In no instance have I noticed where he has rendered an animal immune positively, against the rabies virus after it has once developed. Gentlemen, I trust some of you can give better statistics and experiences with this treatment than I am capable of doing.

TETANUS.

This bacillus was discovered by Nicolaier in 1884 by inoculating mice and rabbits with garden earth.

It is a surprising fact that we do not have more tetanus than we do, taking in consideration the number of children that go barefooted and the number of accidents we have, all of which are more or less inoculated with the earth. I do not believe that the tetanus germ is very infectious for the above reason. Then again Dr. Gibier says that you may take two animals susceptible to the poison, and if you inoculate with the germs of tetanus and bruise the seat of inoculation of one and not the other, you get death in the one bruised, in the other recovery. It has also been proven that if not always nearly so, at least, there are other germs found with tetanus at the seat of inoculation. Now the question confronts us, does tetanus produce a toxin? I think it does. The germs cannot be found in the organs of the body, save exceptionally, but the peritoneal fluids, also the blood, readily produce tetanus if inoculated into another animal. The bacillus tetanus if inoculated into an animal from a culture and cauterized, almost immediately afterward will produce death, showing that the toxin is the poison. One-twentieth of a millogram of the toxin will kill a ginuea pig weighing 500 grams.

As I was going to say, perhaps tetanus when it does produce the disease in all probability may be accompanied by a germ that produces a morbid condition of the tissues with which it comes in contact, thus causing a something for the production of the toxin of tetanus, or the germs themselves, by a chemical combination, which may produce a poison.

The antitoxin of tetanus has been gotten from very small animals till very recently; now it is obtained from the horse at the Pasteur Institute in the same manner that diphtheria antitoxin is obtained. There is very little claimed for it after the disease has once developed. It may prove more efficient after they get better acquainted with the quantity, etc., but whether the tetanus acts so rapidly on the tissues with which it comes in contact, or whether it contains the toxin when introduced, or whether it destroys all of that something that the antitoxin has to work upon is a question of importance. However it is shown that it takes an enormous quantity to cure the disease, whereas it takes a very small quantity to render one immune.

Dr. Gibier says that of a medical experience of twenty years he has not seen one terminate in recovery, and claims a mortality of 90 per cent.

There are three recoveries in America of tetanus after the injections of the serum. The first by C. F. Tunniman, of Amsterdam, N. Y.; the second by Dr. May Grayson, of Washington, Pa.; a third by Dr. R. F. Dyer, of Ottawa, Ill., and my own without any antitoxin.

DIPHTHERIA ANTITOXIN.

Now, gentlemen, we have come to the all-absorbing topic of the medical profession, since the introduction into the medical therapeutics of the serum treatment for diphtheria. If, indeed, it prove all that its advocates claim for it, antagonizing the action of the diphtheria toxin in the human system, we must all with one accord acknowledge that we have at our hands a combattant of the gravest of grave diseases.

Unlike the discovery of Jenner, which as we have aforesaid was made simply from observation, this was not an accidental discovery, but was made step by step by the most learned and scientific men of the present age. It was made in pathological and bacteriological laboratories and by men who worked with the germs of disease day after day. The most careful considerations had to be taken, there were many obstacles to overcome, and the downfall of Koch's tuberculin, which was grasped by the profession with almost lightning rapidity and died almost as rapidly. We cannot blame them. To those poor unfortunates they administered drugs of all shapes and descriptions and with what result? In most instances invasions of new tissue.

I recall the words of Dr. Chew, of the University of Maryland. I was a student there at that time. Says he: "Had Dr. Koch done nothing else in his life this discovery alone would suffice to make his name immortal." However, after all the criticisms of Dr. Koch I am constrained to believe that he has rendered invaluable service by causing other men to work in the right direction.

Now for the bacillus of diphtheria. Loefler had already proven that this organism was the specific cause of diphtheria. He had also proven that it produced a like disease in animals. It seems necessary to state how this organism acts in the system, whether a local or constitutional germ; that is, whether it produces death by multiplication or by the generation of a toxin. The latter is conceded to be the fact. If it were a constitutional germ producing death by multiplication, thus destroying the tissues, we would have to combat the organism itself. But it is manifestly proven to be a local disease generating a toxin (supposedly by its action on the albumin of the tissues), hence the name toxalbumin. First we will take into consideration the action of the bacillus on the tissues. Very little is known of how they act, whether through the leucocytes or scavengers which rush around to see what is going on and thus the poison disseminates through the system; or whether it has a direct local action on something contained in the tissues affected and is taken up by the capillaries and distributed to other parts of the body, we do not know. However, this point does not materially concern us.

The question is, how we can obtain a something more poisonous to combat a substance which is virulently poisonous in its nature. Of course you all know it is virulently poisonous. For example you may take an old culture of diphtheria, filter the bacilli out by means of unglazed porcelain and inoculate a susceptible animal with the toxin and it produces death with all the symptoms of diphtheria, save the membrane, which seems to be produced by the necrotic action of the bacilli on the tissues themselves.

Of course these experiments had to be made on animals which were susceptible to the disease, for which purpose these unfortunate little beings, mice and rabbits, presented themselves, which are always willing to sacrifice life for advancement of science.

No one had worked this subject up so thoroughly as Behring and Werniche. They were willing to give the profession the benefit of their discovery, or rather, some idea of it. August, 1891, when Behring read a paper on antitoxin before the Seventh International Congress of Hygiene, held in London, it is useless to say it met with but little favor. In 1892, they described in detail, the steps taken in the production of the serum and with what results. A second time there were few advocates. They declared they had produced diphtheria in animals exactly similar to that in man, and how they had cured them; how they had noticed the membrane disappear and all the more graver symptoms abate after the serum treatment. They also showed how they had rendered animals immune. And they had destroyed the power of the toxin to produce the constitutional disturbances when mixed with a certain amount of antitoxine. And I would like to say here that it seems one of the most conclusive evidences of its value. They had also inoculated animals with definite amounts of toxin and treated some with serum and some were left untreated.

The first experiment made on a human being was at Von Bergeman's clinic in Berlin, in 1892.

The serum first used was very weak, and of course the results were not near so favorable as we now obtain.

Ehrlich and Wosseman obtained a lymph from the goat about fifty times as strong as Behring's, which was I think, about I to 30,000. But still with this weak serum they claimed a less mortality. It was not until September I, 1894, that Roux, of Paris, who was so favorably impressed with the discovery of Behring and Werniche that he himself made researches along this line, and being impressed with his results, read a paper upon it at the International Congress of Physicians at Budah Pesth in 1894. He presented the importance of the treatment with so much force and argument that for the first time did the scientific world seem to grasp it. Since then no remedy has grown more rapidly in the therapeutics of any one disease. It has not remained in the hands of only the scientific men, but those less scientific now have opportunities of using it.

In fact it is in the reach of every physician, though it is yet very expensive.

As for myself, I plead conservatism. There is no profession so illy abused as ours. Is it surprising that we are slow to take hold, when almost daily we see new remedies that will cure all diseases and cure none? But, gentlemen, it is not well to be too slow where clinical experience and statistics bear out a certain line of treatment. "Be not the first by whom the new is tried, nor yet the last to lay the old aside."

There are some who are willing to grasp everything. There are others who are willing to accept nothing. However, we must be guided by our own conscience and convictions.

If the results obtained in animals are what they claim, then how can we doubt its efficiency in man? Say we inoculate these animals with the Klebs-Loefler bacillus, use an old, virulent culture, get a mortality of 70 per cent. Now use the same from the same culture, treat with serum, and get a mortality of 30 per cent, would that have a tendency to convince of the fact of its efficacy? If that be constant, could we longer doubt its antagonistic action to the toxin in animals? Then why could we not get the same results in man? Some claim that we have mild epidemics of diphtheria. Every one will grant that we have other diseases simulating diphtheria in every respect, save in its pathogenic properties. Are we apt to have mild epidemics everywhere at the same time? Grant that we do. Are we apt to have a very great contrast in the same city in the same epidemic at the same time? I think not. Then again, when we have statistics where the serum is used in hospitals with a much reduced mortality, and it fails, the mortality goes back to its old standard, or nearly doubles itself, how about that?

We have epidemics of a mild form sometimes that are not diphtheria at all, but may be psuedo membranous bacillus, or it may be the streptococcus pyogens or it may be the staphlococcus pyogenes aureus, or it might be any of the sapticaemic organisms, when uncomplicated, any and all of which are milder than the Klebs-Loefler bacillus. On the other hand it may be very virulent if mixed. It is positively known by mixing sometimes two bacilli, both of which are not pathogenic, they become markedly septic. I rather think that the diphtheria bacillus is the most virulent of all that we have to deal with, hence by making a bacteriological examination we get the graver cases or true diphtheria to treat, and not the milder forms due to other organisms. On the other hand we may have a mixed form of diphtheria in which we used serum, the serum might combat the toxin and the other poison kill, or the two combined may form a toxin more poisonous than that of either alone.

We will go over briefly how it is supposed the antitoxin gets in its work. Some claim that it restores the cells acted upon by the toxin. It is difficult to say whether it may neutralize by a chemical combination, or may build up the tissues to fortify themselves, as it were, against the enemy. Or it may restore a something that the toxin has consumed from the system, thus wearing it out, as you are aware that diphtheria usually runs its course in about ten days, that is, if it is going to prove fatal.

There is one thing it does. It prevents the extension of the membrane. By making inoculations you will not find new tissues invaded by the germs. The membrane seems to retract rather than to extend farther. With these evidences of its value I would like to give a few statistics.

Of 7,166 cases treated in hospitals there was a mortality of 17.3 per cent; the average mortality in the same hospital before serum treatment was 58.8 per cent.

Statistics taken from France, Germany, Austria, England and America, where bacteriological diagnoses had been made, in most cases, of 5,000 treated with serum they claimed a reduced mortality of less than one-half. These statistics are taken from fifty different physicians.

Risel gives a very interesting account of an epidemic in the city of Holle, in which there was a mortality of 6.7 per cent of those treated at home in eighty-nine cases, and twenty-five treated at hospitals showed a mortality of 12 per cent.

Kürte reports the statistics of sixty different physicians of Bremen from October 8, 1894 to January 31, 1895. In ninety-seven cases treated with serum the mortality was 10.3 per cent. Sixty-four of them were in the city of which 7.8 per cent died. Thirty-three cases were in the country which showed a mortality of 15.2 per cent (early use of antitoxin). Kürte gives an interesting account of an epidemic treated in —— hospital with a mortality of 33.1 per cent. The serum failing the mortality rose to 53.8 per cent. Gonghofer in the city of Prague, had a mortality of 12.7 per cent, when the serum failed it rose to 53.2 per cent. Heim had a mortality of 22 per cent, the serum failing it rose to 65.6 per cent. And during an epidemic in Trieste the fatality rose from 18.7 per cent to 50 when the serum failed.

The time that the serum failed all had a marked increase in mortality. It does seem that the serum exerted marked influence over the termination of the disease.

To sum up the observations of Roux, Martin, and others, they all claim a reduced mortality of almost one-half.

In Roux' original article he gave the mortality in Paris hospitals as 26 per cent; later it came down to 14, 12 and 10 per cent.

Boginsky, who has had a large experience, states that of 525 cases treated with serum under his care, he had a mortality of 15.6 per cent, whereas he had previously a mortality of 41 per cent. This great man expresses himself strongly in favor of it. He says: "One who has noticed a patient suffering with this disease and observes the surprising regression of the laryngeal symptoms, the freedom of breathing, the disappearance of the hoarse voice and croupy cough, the euphonia of the child, the change in the general condition, so that in a day or two after the injection they are sitting up in bed; all this," says he, "produces in one who has had the picture of progres-

sing stenosis of the larynx, the very truth of ineffaceable impressions."

In statistics taken from the *British Medical Journal*, October 20, 1894, Roux had 448 cases treated with serum, with a mortality of 24.3 per cent; the mortality in the same hospital before serum treatment, was 57.7 per cent, but in the same city in the same epidemic, the Hospital Trusseau did not use it, and had a mortality of 63.2 per cent. Think of the difference in the same city in the same epidemic! Are not these convincing figures?

I will close the statistics by giving you some from our own hospitals. In Boston Hospital the mortality before serum was used was 31 per cent, after using the mortality was reduced to 14 per cent from January 1 to May 1.

Dr. Louis Fischer, of New York, read a paper at the American Medical Association in Baltimore, May 8, 1895, giving reports of his private and hospital practice with diphtheria. He reports his cases up to January with a mortality of 5.8 per cent. To April he says 15.19 per cent. The latter he says were mostly consultation cases in which the treatment was used late.

Dr. Rosenthal, of Philadelphia, declares antitoxin a specific for diphtheria. He gives the cases of intubation with and without antitoxin, with it a mortality of 16 per cent, without, a mortality of 72 per cent.

Campbell White, of Willard Parker Hospital, New York, in 188 cases over 16 years of age, had a mortality of less than 3 per cent; between 5 and 16 years of age a mortality of about 13 per cent; under 5 years a mortality of 42.7 per cent. Ninety per cent of the cases that died, died in the first eight days.

In conclusion I should be very glad to give you some of my own experience, but it practically amounts to nothing as far as confirming the necessity of the serum treatment. I saw it used in perhaps one-half a dozen cases, all were examined bacteriologically, the Klebs-Loefler bacillus being found in all and if not very mild cases they responded marvelously well to treatment, antitoxin being the only treatment used.

I also recall a case that occurred in a boarding house. The child's larynx was invaded. He was very much cyanosed, his breathing was difficult, in short every symptom pointed to a speedy termination by death. Antitoxin had not been used. A tracheotomy was done, antitoxin injected and the child was practically well in three days. I only cite this case as I have seen so many other reports very similar. Of course the child may have gotten well, but the probabilities were that it would not.

Pardon me one moment longer. I would advise the use of it early if used at all. Of course I don't mean to say if you are called to see a patient far advanced in the disease, not use it. The reasons for its early use are these: First, you check the growth of the bacilli before there is such a necrosis of the larynx; Second, if the serum fortifies the system by building up the cells then it is necessary to use it early before the cells are all destroyed. Third, if it combats the poison direct it is best to use early before there is so much poison forced into the tissues by the action of the bacilli. Fourth, if the antitoxin has an antagonistic action to the toxin it should be used early to prevent nephritis, myocarditis, paralysis, etc. Fifth, if the antitoxin is injurious to any or all of the organs of the body then it should be used early so you will not have to use so much.

The strongest evidence seems to establish that it does not affect the organs of animals. Of 1,000 autopsies made by Dr. Kilisko, of Vienna, before the use of antitoxin and seventy-five since its use, he says he notices no difference pathologically. Dr. William Clarke experimented with three rabbits. One he injected with antitoxin, one the horse serum pure, and one he used as a control. The kidneys were taken out and sent to an expert pathologist who stated that the greatest changes were to be seen in the kidneys that had received no injection at all and the least in the kidneys that received the serum injection.

Now, gentlemen, after such statistics as we have before us; after all the grave symptoms of diphtheria disappearing after the injection of the serum; after the most ardent advocates of the scientific men of the profession; after all the

proofs of the bacteriological efficacy of the serum treatment, and lastly, after the non-pathological changes in the organs, how can we longer defer using it?

But one word more. In no instance have I noticed where either its advocates or those less ardent have said it interfered with any other treatment of diphtheria. I shall use it, and will also use local application to destroy the germ at seat of infection; also tonics when it becomes necessary, or any other treatment I may deem necessary.

We fight the bacilli with local applications. We fortify the tissues against them with the antitoxin, and combat the toxin with the antitoxin also. Now, gentlemen, I hope you will pardon me for presenting with so little force and so little personal experience a paper on a subject so important.

The Treatment of Typhoid Fever.

BY W. BAYARD SHIELDS, M. D., ST. FRANCIS, ARK.

Quite a good deal of attention has been paid to articles which have appeared at various times in the last few years in the Journal of American Medical Association, by Dr. J. E. Woodbridge, of Youngstown, Ohio, one of the trustees of the association, in regard to his treatment of typhoid fever.

This treatment is by a method based on the inhibitory influence which antiseptics frequently administered have on the typhoid bacilli in the intestinal canal, checking their activity, hence preventing the rapid and abundant development of toxins, the absorption of which into the system produces the grave nervous troubles so frequently seen in this disease. That the absorption of the toxins formed by the destructive and putrefactive action of the typhoid bacilli is the cause of the nervous symptoms in this disease seems beyond a doubt in my mind, and not as has been assumed by Liebermiester to be caused by the high temperature. Strumpell shows that after careful investigation the height of temperature frequently bears no relation

to the amount of nervous derangement, and that in cases of this fever, with perhaps higher ranges of temperature, there are frequently no nervous symptoms. Franzel has published lately striking cases of this sort.

The absorption of the result of putrefactive destruction in the intestinal canals also is undoubtedly the cause of the bronchitis. Bacteriologists have of late years proven that the majority of cases of bronchitis in children are caused by the absorption of the products of intestinal infection, and they almost invariably relieve the bronchial symptoms by small doses of calomel frequently administered, which is perhaps our most reliable intestinal antiseptic.

Dr. James Herrick, of Chicago, in a paper read several years ago at a meeting of the American Medical Association in regard to his experience in the treatment of a thousand cases of typhoid fever, says that the internal administration of antiseptics prevents the development of nervous symptoms and tympanites by inhibiting putrefaction and the formation of toxins. This has been my experience in testing the Woodbridge treatment.

From September 15, 1894, to August 1, 1895, we had an epidemic of typhoid fever in the town of St. Francis. Nearly all of these cases were of a severe type; the morning temperature of some being as high as 104. I treated individually twenty-eight cases, with one death, and that in a man whom I had been called to see on the ninth day of disease, and who strictly against my orders was allowed to eat fried meat and bread. The night following he had a profuse intestinal hemorrhage from which he did not rally. Another case treated by another physician near by had died from the effects of intestinal hemorrhage a few days previous. These were the first cases which occurred in this epidemic. I used in my cases the Woodbridge treatment modified by sponge baths and rectal injections of a quart of boiled water (cooled) at 10 a.m. and 3 p.m. each day, with thirty drops of carbolic acid in each injection as a deodorant. These cool water injections would reduce temperature and relieve the bowels of effete material. The addition of the acid had been suggested to me some years ago by Dr. Peckham, U. S. Marine Hospital, who was then located in Memphis, and who had used such injections in typhoid fever with light mortality.

The last ten cases I treated I also washed out their stomachs every other day for first week of treatment with cold boiled water, which had a most remarkable effect in reducing temperature and seemingly did not depress them. I introduced the stomach tube with the patient in a recumbent position, anæsthesizing their throats with a 5 per cent solution of cocaine, and used a gallon of water at each lavage.

The medical treatment was that of Dr. Woodbridge, using formulas No. 1, 2 and 3 as near following his directions as possible. I believe that the carbonate of guiacol and small doses of calomel are the most valuable ingredients in this formula.

No. I.

R.—Podophyllin 1-960 g	grain
Hydrarg. Sub. Mur 1-16	6.6
Carbonate Guiacol 1-16	6.6
Menthol 1-16	6 6
Sach. Lactis Q. S.	
No. 2.	
R —Podophyllin	rain

R.—Podophyllin	1-960	grain
Carbonate guiacol	I-4	6.6
Hydrarg, Sub, Mur		6.6
Menthol	1-16	4.4
Thymol	1-16	6 6
Sach. Lactis		

No. 3.

R.—Guiacol Carb 3 grains
Thymol I grain
Menthol 1-2 "
Eucalyptol 5 m.

Number one was given every fifteen minutes for 24 hours, and if in that time the bowels had not acted freely, was continued for 12 hours longer, then No. 2 every half hour for 24

hours, then every hour for 24 more hours; then No. 3 every three hours. Quite a number of cases seemed to be materially shortened; one case in especial, with a morning temperature of 103.8, and an evening temperature of 105 reached normal on the morning of the 13th day of treatment and the 15th day of disease.

The average duration of twenty-three of these cases was 15 ½ days. The other cases, with one death, did not seem to be materially benefited. One of these cases which I was called to see on the 12th day of disease, ran the regular course of not less than 35 days after seeing her, at which time the Woodbridge treatment was instituted. The treatment was left off after 20 days in this case, not seeming to produce any benefit, and the patient was treated symptomatically. In all cases ptyalism can be prevented by using a tooth powder of potassic chlorate once daily, which destroys the micro-organisms around the roots of the teeth which are especially active whilst the system is loaded with mercury, and is the cause of ptyalism. I think the mercury in the prescription is very essential, as it assists in throwing off the effete material. I did not give a single dose of opium or an astringent, except in one case, and that the case in which I left treatment off after 20 days.

The eliminative action of calomel and rectal injections kept the bowels open and prevented diarrhæa, the results of the efforts of nature to get rid of the toxines of the disease. They would have under this treatment from four to six actions in the twenty-four hours, which is a thing urgently necessary according to my judgment in this disease. Only two had intestinal hemorrhages, one ending in death, and in these cases the rectal injections were left off. Several cases I was called to see which had already exhibited marked cases of tympanitis, were relieved of the latter by this treatment in a few days. I noticed that especially their nervous symptoms were alleviated by these antiseptics frequently administered, the gastro-intestinal tract being simply flooded by them. I do not feel so enthusiastic as Dr. Woodbridge does in

thinking every case could be saved, but I do think that his treatment, in connection with sponge baths and rectal injections an improvement over Brandt's one-sided bath, or some one else's exclusive medical treatment, notwithstanding Professor Osler's declaration, that no known remedy shortens the disease by one single day.

Not one single dose of the coal tar derivatives was given. Only the sponge baths and rectal injections of cold water, both of which I think quite necessary, being used to reduce temperature.

Dr. Peckham assured me, that according to his observation, the addition of the carbolic acid to the ænema had no deleterious effect, and although I watched carefully, could see none myself.

I think the stomach lavage a great assistance in the first stages of this disease, but not so essential as rectal injections. The latter would reduce temperature without the acid, but once in a while a little of the acid would be absorbed, producing free perspiration, though no weakness. My results have not been so good as those of Dr. Woodbridge, perhaps my own fault, not being so familiar with the treatment, but were I to pass through another epidemic, I should certainly rely upon this as my sheet anchor, for seemingly in a number of cases the results were brilliant, although cognizant of the fact that not infrequently a case will start off with severe symptoms and subside in a few weeks under symptomatic treatment. I saw in quite a number of cases a high morning temperature and amelioration of symptoms under this treatment, when I would experimentally leave off medicines the symptoms would be aggravated.

Dr. Woodbridge has simply carried to the fullest extent, in my judgment, the treatment advocated by some of the leading men of the profession for a number of years. The frequency of administration of doses at first does not disturb the patient so much as one would suppose. If it does so after 10 p. m., I would give a double dose of No. 1 every half hour until morning.

Antipyrine and Tannic Acid in Hemorrhage.

BY J. T. CLEGG, M. D., SILOAM SPRINGS.

Some time early in the summer of 1895 I was standing in a drugstore door when a messenger asked me to go hurriedly across the street to the office of a brother physician, who was out, to see a patient who was bleeding to death from the nose. I asked the druggist to mix for me 60 grains of antipyrine and 120 grains of tannic acid in 6 ounces of water. It formed a milky looking mixture. When I reached Dr.—'s office I found a man bleeding most alarmingly from the nose. The man had syphilitic caries of the turbinated bones and the day before Dr. —— had removed a sequestrum from the left nostril. With a syringe I found on the Doctor's table I forcibly injected a quantity of the mixture into the bleeding nostril and then made hasty preparation to plug the posterior nares. To my utter surprise the bleeding almost immediately ceased. Some time afterwards I read a report from Dr. Roswell Park, stating a similar experience. I wrote to Dr. Park and asked him if the combination would not be useful in internal hemorrhages. The following is his reply:

Buffalo, December 26, 1895.

DR. J. T. CLEGG:

Dear Doctor—I have been much interested in your account of your experience with antipyrine and tannin. It is even questionable whether your case did not antedate mine, although I seem to have the advantage of you in earlier publication. I think it would be an admirable thing if you would write a note to the Philadelphia Medical News, in which my paper was originally published, stating your experience in corroboration of my own. I think we may both recommend the expedient for control of local hemorrhage. Inasmuch as the substance does not seem soluble, I do not imagine that it would be serviceable for internal hemorrhage.

Thanking you for writing, I am,

Very sincerely yours,

R. PARK.

I am convinced the mixture of antipyrine and tannin is a most valuable styptic.

JOURNAL

OF THE

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PUBLISHED MONTHLY, - Price. \$1.00 a Year in Advance.

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Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A.
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To the Journal of The Arkansas Medical Society, 111 E. Fifth St., Little Rock, Ark.

VOLUME VI.

APRIL, 1896.

NUMBER 10.

Editorial.

An Appeal to the Regular Physicians of Arkansas.

The Arkansas Medical Society was organized twentyone years ago. Ever since its organization it has stood as the representative of the regular medical profession of our State. Its authority originated and has existed solely in the support of its members. It has collectively represented and taken cognizance of the common interests of the medical profession in every part of the State. Its chief object has been to enable its members to keep pace with the progressive spirit of the age in which we live; and not only in the science and practice of medicine and surgery as taught at the present day, but in all those coördinate branches inseparably connected with it.

"The objects of this society shall be the advancement of medical knowledge, the elevation of its professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of the suffering, the improvement of the health and the protection of the lives of the community."

With such noble and unselfish objects in view, the society appeals to every member of the medical profession in Arkansas to join it and become helpers in earrying out these worthy objects. Every proper physician can do some good. There is no truer saying than "in union there is strength."

The published transactions of the society every year since its creation is an open book. We believe no organization of a similar kind has been less used for individual preferment. No society, whether medical, religious, or scientific, has been freer from political intrigues or wirepulling. The society has an enviable reputation of incontinentally sitting down on office seekers of every degree.

The work of the society has at times been onerous and has not been evenly distributed among all its own members, at the same time every physician in the State has been benefited by the results it has accomplished.

Extensive preparations are being made for the approaching meeting. The officers of the society have been hard at work for months doing all they can to get up an entertaining and profitable programme. The citizens and

physicians of Fort Smith will entertain the society on a scale never before attempted in our State.

It only remains for each individual member of the society to do his duty, and for every member of the regular profession in the State to do what his conscience tells him he ought to do, to insure the grandest gathering of physicians the Southwest has ever witnessed.

We appeal to you who have never spent one cent for the general welfare of your profession, to go to Fort Smith and join your brothers in their good work; we appeal to you who have never devoted one hour of your time to the upbuilding of your profession, to lay aside your professional duties for a few days and meet your fellow practitioners in fraternal intercourse; we appeal to you who have been an indifferent worker, a passive member, to exert yourself to meet with your friends on the approaching auspicious occasion; and we appeal to you who have always done your full share for professional honor and advancement, not to fall short of what is expected of you this year.

This appeal is made in the name and for the sake of the regular medical profession of Arkansas.

Extra Edition of the Journal.

As usual, with the last number issued previous to our annual meeting, this month's issue of the Journal will have 1,000 extra copies printed for the express purpose of placing one copy into the hands of every reputable practitioner in the State. If any regular physician fails to receive his copy we will be glad to send one on application.

If you like the Journal we will be glad to receive your subscription, if you don't like it then join the society and help make it what you think it ought to be to represent the profession of our State. Do something.

Editorial Notes.

The Arkansas Medical Society will meet at Fort Smith, April 29, 1896.

"Every intelligent and reflecting physician must recognize the power and force of the medical profession of this country when united in an effort to accomplish such legislation as may be deemed conducive to public welfare, and to the advancement of scientific medicine." (Extract from editorial in Journal A. M. A.)

The American Medical Association will meet at Atlanta, Ga., Tuesday, May 3, 1896. The railways have made the usual reduction of rates. Atlanta is convenient to Arkansas and our State should be well represented.

You may lose a few dollars and spend a few dollars by attending the meeting of the State society, but then you may add a few years to your life and accumulate much more of this world's goods by quitting your practice occasionally and taking a few days for mixed recreation and investigation. Fort Smith on April 29, 30, May 1, this year is the ideal place and opportune time for the Arkansas doctors' short vacation.

Only two classes of physicians can afford to remain out of a medical society—those who know everything and those who know nothing. The first might condescend, as an act of charity, to enlighten their less informed fellows, but the latter can neither learn nor teach. We don't believe there is one of either class in our State, therefore all our regular physicians are eligible to membership in medical societies. Come to Fort Smith and join.

"The association of the ex-presidents of the Arkansas Medical Society" will surely be organized at Fort Smith if a sufficient number of them can be gotten together for the purpose. Of the nineteen who have served as president, five have died and one has resigned from the society. The remaining thirteen are hale, hearty and prosperous, just the kind of timber out of which to organize a lively club. Besides there is just enough superstition connected with the number 13 to make it a little more interesting.

Are you a member of the society? if so, will you not add to the interest of the meeting by reading a paper on some subject in which you are specially interested? Please send your name and the subject of the paper to the secretary.

Are you a member of the regular profession and not a member of the society? Then a most cordial invitation is extended to you to be present at the coming meeting in Fort Smith and there present your application for membership. You will find it to your personal and professional interests to identify yourself with the work of the Arkansas Medical Society.

The Arkansas Medical Hociety.

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Secretary—F. Vinsonhaler, Little Rock.

Second V. Pres.—W. W. Hipolite, Devall's Bluff. Treasurer—A. L. Breysacher, Little Rock.

Board of Censors—J. S. Shibley, Paris; W. B Lawrence, Batesville; J. A. Dibrell, Jr.

Little Rock; J. T. Jelks, Hot Springs; T. J. Wright, Fort Smith.

Section on Practice of Medicine—E. R. Dibrell, Chairman, Little Rock; C. T. Drennen, Secretary, Hot Springs.

Section on Surgery—W. B. Deffenbaugh, Chairman, Paris; E. A. Baxter, Secretary, Melbourne. Melbourne. Section on Obstetrics and Gynecology-J. C. Amis, Chairman, Fort Smith; C. E. Hurley Secretary, Bentonville.
The Place of Meeting—Fort Smith, Ark.
The Time of meeting—Wednesday, April 29, 1896.

Standing Committees for 1895-96.

Committee of Arrangements—(Selected by the Sebastian County Medical Society). J. G. Eberle, Chairman, W. W. Bailey, E. G. Epler, D. M. Gardner, H. Moulton.

Committee on Credentials—Geo. F. Hynes, Chairman, T. J. Wright, F. Vinsonhaler.

COMMITTEE ON STATE MEDICINE.

E. G. EPLER, Chairman, Fort Smith.

COUNTY.	NAME. PO	ST OFFICE.
Arkansas		
Ashley.		
Poster	T D Cimpson	Mountain II.
Baxter	C F Undan	Mountain riome,
Boone	John Dolinger	T and II:11
Clarl	J. D. Jordan	Eureka Springs,
Clark Clay	J. A. McCallum	Arkadelphia,
Clay	W. D. Shields	ot. Francis,
Cleburne Cleveland	W. J. Hornbarger	rieber,
Columbia	W. W. Dreathwit	Kingsiand,
Costumbia	A O D. J	Buckner,
Conway	C M I	Pilimmerville,
Craighead	M. C. Diland	Jonesboro,
Crawford	M. S. Dibreil	van Buren,
Cross		
Dallas		
Drew	r. M. Loper	Monticello,
Franklin	H. H. Turner	Ozark,
Garland	W. H. Barry	Hot Springs,
Hempstead	S. M. Carrigan	Washington,
Hot Spring	J. F. Graham	Malvern,
Howard	J. I. Whitmore	Centre Point,
Independence	W. B. Lawrence	Batesville,
Izard	D. E. Evans	Barren Fork,
Jackson	J. S. Graham	Tuckerman,
Jefferson		
Johnson		
Lafayette	F. W. Youmans	New Lewisville,
Lawrence	W. J. Hatcher	Imboden,
Lee	T. J. Robinson	Marianna,
Lincoln.	E. T. Pry	Douglas,
Logan	E. T. Powell	Magazine,
Lonoke	F. A. Corn	Lonoke,
Marion		
Miller	W. C. Spearman	Texarkana,
Mississippi	R. C. Prewitt	Osceola,
Monroe	E. T. Murphy	Brinkley,
Nevada	E. R. Armistead	Prescott,
Ouachita	A. B. Loving	Camden,
Phillips	M. Fink	Helena,
Polk	L. B. Sutherland	Cove,

COMMITTEE ON STATE MEDICINE-Continued.

COUNTY.	NAME.	POST OFFICE.
Pope	. J. A. Westerfield	Atkins,
Prairie]. R. Lvnn	Des Arc.
Pulaski	R. B. Christian	Little Rock.
St. Francis	W. R. Cason	Forrest City.
Scott		
Sebastian	E. G. Epler, (Chairman)	Fort Smith,
Sharp	John Johnston	Sidnev.
Stone	R. S. Blair	Mountain View,
Van Buren	W. R. Greeson	Clinton,
Washington	A. G. Henderson	Favetteville.
White	. J. M. Jelks.	Searcy.
White Woodruff	L. A. Jelks	McCrory,

COMMITTEE ON STATE MEDICAL LEGISLATION AND EDUCATION.

T. E. HOLLAND, Chairman, Hot Springs.

COUNTY.		NA	ME. PO	OST OFFICE.
Arkansas Ashley	. 1.	H.	Hutchinson	De Witt.
Ashley	.E	uge	ne Christian	Portland,
Benton	. T.	. W	. Hurley	. Bentonville,
Boone	A	. J.	Vance	.Harrison,
Bradley		. N	o member of the State Society resid	es in this County,
Calhoun		61	1 66 66 66 66 66 66	60 66 66
Benton Boone Bradley Calboun Carroll Chicot	. W	. A	. Reese	Eureka Springs,
Chicot		.No	member of the State Society resid	es in this County,
Clark	J.	C.	Wallis	Arkadelphia,
Clay	. W	· B	. Shields	St. Francis,
Cleburne	A	dan	Guthrie, Jr	.Quitman,
Cleveland. Columbia	. (. A.	Stanheld	. Toledo,
Columbia	VV	· IN	. Warren	. Buckner,
Conway	A	.K	. Bradley	Plummerville,
Craighead Crawford	. J.	II.	Dil-II C-	Jonesboro,
Crittondan		. 12.	La mambay of the Ctate Society regist	van buren,
Crawford Crittenden Cross Dallas Desha. Drew Faulkner Franklin Fulton Garland Grant Greene Hempstead Hot Spring	T	T	Hare	Wanne
Dallas	17	I.	Lantorn	Dolorle,
Desha	. 20	JA	In member of the State Society recid	lee in this County
Draw	N/E	v	Pone	Monticello
Faulkner	. 1747	N	a member of the State Society resid	es in this County
Franklin	W	A	Amis	Ozark
Fulton		N	o member of the State Society resid	es in this County
Garland	Т.	E.	Holland. (Chairman)	Hot Springs.
Grant	. ~ .	N	o member of the State Society resid	es in this County.
Greene		6	1 11 11 11 11 11 11	" " "
Hempstead	R	. M	, Wilson	Hope.
Hot Spring	I.	F.	Graham	Malvern.
Hot Spring Howard Independence	Í.	S.	Corn	Nashville,
Independence	.D	. C.	Ewing	Batesville,
lzard	E.	. A.	Baxter	Melbourne.
Tackson	.] .	M.	lones	Newport.
Jefferson	. A.	. C.	Jordan	Pine Bluff,
Johnson	.W	. R	. Hunt	.Coal Hill,
Lafayette	.F.	M.	. Youmans	.New Lewisville,
Lawrence	. 14	. J.	Hatcher	Imboden,
Lee	11	. 1.	Harpe	Park Place,
Lincoln	W	. N	. Bittinger	Grady,
Little River		1	lo member of the State Society resid	es in this County,
Logan	.J.	5.	Shibley	Paris,
Lonoke	G	. W	Granberry	Lonoke,
Lafayette Lawrence Lee Lincoln Little River Logan Lonoke Madison Marion Miller Mississippi Monroe	331		o member of the State Society resid	es in this County,
Marion	VV	, K	. Brooksner	Yellville,
Miller	W		. Spearman	. Iexarkana,
Wississippi		100	Prewitt	.Usceoia,
Monroe Montgomery	E.	1.	Murphy	Brinkley,
Nontgomery	E	D	A minute of the State Society resid	Decreases
Nevada Newton Ouachita Perry Phillips Pike Poinsett	I'a	N.	In member of the State Society recid	lac in this County
Quachita	Δ	B	Lowing	Canden
Parry	. 43.1	D.	To mamber of the State Society recid	es in this County
Phillips	A	A	Horner	Helena.
Pike		N. 27	to member of the State Society resid	es in this County
Poinsett		6	46 66 66 66 66 66 66	66 66 61
Polk	T.	B	Sutherland	Cove.
Pope	W	H	Hill	Russellville.
Prairie	W	·W	, Hipolite	Devall's Bluff
Polk Pope Prairie Pulaski	T.	H	Southall	Little Rock
	0			

	COMMITTEE	ON STATE	MEDICAL '	LEGISLATION	AND E	DUCATION-C	ontinued.
COUNTY.				NAME.			POST OFFICE.
Randolph				No member	of the S	tate Society	resides in this County,
Saline				A Sanford	66 66	** **	Waldron,
Searcy				No member	of the S	state Society	resides in this County,
Sebastian			B.	Hatchett			Fort Smith,
							resides in this County, Sidney,
St. Francis				R. Carson	,	*************	Forrest City,
Stone			R.	S. Blair	- f + h - C	Charle Carrings	Mountain View,
							resides in this County,
Washington	1		Т.	W. Blackburn	n		Fayetteville,
White			D.	H. Stayton			Searcy, McCrory,
Yell				No member	of the S	State Society	resides in this County
Commi	ttee on Nec	rology-I	. W. Have	s. Chairman	. Maria	nna: I. T. I	elks. Hot Springs: F.

A Correction.

Vinsonhaler, Little Rock.

The name of Dr. S. P. Collings, Hot Springs, was accidentally omitted from the list of members as published in the January JOURNAL. This mistake occurred through the inadvertence of the committee on credentials last year when Dr. Collings joined the society, and went as a delegate to the American Medical Association at Baltimore.

Partial List of Papers.

On account of the procrastination, indifference or something else, of those who intend to read papers at Fort Smith, we are able to publish only the following rather meagre list of titles:

GENERAL SESSION.

- 1. Annual Address of the President-L. P. Gibson, Little Rock.
- 2. Report of the Committee on State Medicine-E. G. Epler, Fort Smith.
- 3. The Value of the Public Health and the Duty of Government in the Prevention of Disease—T. E. Holland, Hot Springs.
 - 4. The Ideal Physician-W. B. Barner, Little Rock.

SECTION ON PRACTICE OF MEDICINE.

- 1. Address of the Chairman—E. R. Dibrell, Little Rock.
- 2. The Advantages and Disadvantages of the Treatment of Syphilis at Hot Springs—Eugene Hay, Hot Springs.
- 3. Sypmtoms of Brain Syphilis, with Report of Cases—C. T. Drennen, Hot Springs.
 - 4. Neuritis-W. B. Barner, Little Rock.
 - 5. Feigned Insanity-P. O. Hooper, Little Rock.
 - 6. Oxytocics-R. S. Morgan, Center Point.

SECTION ON SURGERY.

- 1. Address of the Chairman-J. A. Westerfield, Atkins.
- 2. Relation of Organic Stricture to Hyperæsthesia of the Prostatic Urethra—S. P. Collings, Hot Springs.
- 3. Disease of the Antrum of Highmore—H. Moulton, Fort Smith.
 - 4. Cases of Abdominal Lesions-B. Hatchett, Fort Smith.
 - 5. The Radical Cure for Hernia-I. J. Newton, Little Rock.
 - 6. Notes for Surgical Cases-A. J. Vance, Harrison.

SECTION ON OBSTETRICS AND GYNECOLOGY.

- 1. Address of the Chairman—J. C. Amis, Fort Smith.
- 2. Hysteria-J. T. Clegg, Siloam Springs.
- 3. Uterine Displacements and Methods of Treatment—J. B. Bolton, Eureka Springs.
- 4. Pelvic Suppuration, with Report of Cases-J. P. Runyan, Pine Bluff.
- 5. Puerperal Convulsions, with Report of a Case-D. E. Evans, Barren Fork.
- 6. (1), Single Multilocular Cyst of Left Ovary; (2), Double Ovarian Cyst, Carcinomatous—J. A. Westerfield, Atkins.

In reading the foregoing list, one must be impressed with the intensely practical nature of the topics presented. They furnish themes for almost unlimited discussion, in which every one present ought to be able and willing to take part.

Not all of those who intend to read papers have complied with the urgent requests heretofore made. Some of our best writers are holding back, presumably for the purpose of ascertaining just what will be required to fill up the gaps, and then they will notify the secretary in time to have the final programme properly and completely arranged.

Reduced Railway Rates.

All the railways in Arkansas have as usual kindly complied with the request for reduced rates. The fare will be one and one-third the regular price on the certificate plan. In order to get the benefit of the reduction the following requirements must be complied with: Buy a ticket and pay full fare going to Fort Smith and be sure to get a certificate for this fare. Before starting back home have this certificate signed by the secretary, and then on presenting it to the agent at Fort Smith a return ticket can be purchased at one-third the regular price. If more than one line of railway is traversed take separate receipts for fare paid on each.

After all the impressiveness we have heretofore been able to employ there have invariably been several who neglected to get the all important receipt on starting.

Unless a receipt is taken for full fare paid at starting point it will be impossible for the officers of the society or the railway agent at Fort Smith to obtain the one-third reduction on return ticket.

Hotels and Rates.

Hotel Main\$2.00 and	\$2.25	per	day.
Grand Central			
Rowland House	2.00	6.6	6.6
Walton House	1.25	4.4	66
Brooks House	1.25	66	6.6
McFadden House	0		

Arrival and Departure of Trains, Fort Smith.

LITTLE ROCK AND FORT SMITH.

Arrive.		Depart.
3:20 a. n	1.	1:00 p. m.
3:08 p. n	1.	6:25 a. m.

ST. LOUIS AND SAN FRANCISCO.

Arrive from the North.	Depart for the North.
11:30 a. m.	4:45 p. m,
2:35 p. m.	1:05 a. m.
1:30 p. m.	1:30 p. m.

Place of Meeting.

The sessions of the society will be held in the circuit court room.

Time of Meeting.

The registration of delegates will begin at 9 o'clock Wednesday, April 29. The society will be called to order at 11 o'clock.

Entertainments.

The committee of arrangements have so far perfected their plans as to be able to announce entertainments for the second and third evenings. There will be private receptions by several citizens of Fort Smith on Thursday evening, and the meeting will conclude with a banquet Friday night.

Further Information.

Dr. J. G. Eberle, Fort Smith, chairman of the committee of arrangements, will be glad to furnish any information that may be requested relating to arrangements at the place of meeting. Dr. F. Vinsonhaler, Little Rock, secretary, will cheerfully answer any questions as to transportation, final programme, etc.

The Final Programme.

The final programme will have to be printed at Little Rock several days before the meeting. Members who expect to read papers but have not yet sent their titles to the secretary are requested to do so without any further delay.

Bring your Wives and Daughters.

The reduced railway rates are available for the families of members and delegates. No nicer little trip can be imagined than a visit to Fort Smith during the spring. In a little book by a physician's wife it is stated that her life is largely one of waiting and watching. Maybe your wife has been waiting a long time for this opportunity to do a little watching. Don't disappoint her.

How to Join the Society.

For the information of those who may not be able to attend the society but are desirous of joining, the provisions of the constitution relating to membership are published. We urge every physician in Arkansas to come to the rescue of our profession by joining the only representative organization of the regular profession in our State.

ARTICLE III.

THE MEMBERS OF THE SOCIETY.

Section 1. The members of this society shall consist of permanent members, and delegates from the various county medical societies of this State, organized in accordance with the provisions of this constitution. Delegates shall serve one year, or until others are elected to succeed them.

SEC. 2. All members in good standing in the auxiliary county societies may become members in all its rights and privileges, by an

application accompanied by a certificate of good standing in the county society, signed by the president and secretary of the county society, *Provided*, that none but delegate members shall transact the legislative business of the session.

Each society shall be entitled to one delegate for every five members, and one for every additional fraction of more than half this number.

- SEC. 3. Every member from a county society, before admission as a delegate to a seat in this society, shall produce a certificate of delegation, signed by the president and secretary of his county society, that he is in good standing.
- SEC. 4. All who are members of this society at the time of the adoption of this constitution, and who shall have served as delegates to this society, shall be permanent members so long as they may conform to the constitution and by-laws of the society.
- SEC. 5. Physicians of the State of Arkansas, residing in a county where there is no regularly organized county society, through the recommendation of two members of the State society in good standing, and the board of censors, may be elected permanent members of this society, provided it be done by ballot, and by an affirmative vote of not less than three-fourths of the members present.

Recently the city council of Little Rock had under consideration an ordinance providing for the removal of garbage and night soil in air-tight odorless wagons. As is generally the case when an attempt is made to require citizens to keep their premises clean it met with violent opposition and was speedily defeated. Just after the defeat of the ordinance a serenading party started out on a round of pleasure. They were out in the residence portion of the city, beyond a sewer district, and had just commenced their enchanting song when a window was heard to gently rise, and a light was dimly seen through the half closed outside shutters. The song had progressed to the chorus which is in these words—

Come where the lilies bloom, Come where sweet fragrance fills the air—

when one of Little Rock's filth disseminating garbage wagons came out of an alley in close proximity to the serenaders, then up went its foul scent and down came the window.

County Hocieties.

Roster of County Societies.

COUNTY. MEM'	S PRESIDENT.	SECRETARY.	MEETING PLACE.	STATED MEETINGS.
Ashley 5	I. J. Newton, Hamburg	J. W. Simpson, Berea	Hamburg	or 100 and 100 that that that the time that the time and the time that the time that the time the time the time
Benton22	. W. G. Floyd.	C. E. Hurley, Bentonville		
Boone 16	.J. T. Tipton, Lead Hill	L. Kirby, Harrison	Selected by vote	Quarterly.
Carroll and Eureka Springs	.R. P. Moore .Oak Grove	L. W. Weaver . Eureka Springs	Eureka Springs,	Quarterly.
Garland16 Hot Spgs Med So	.H. P. Collings, Hot Springs	E. C. Hay, Hot Springs	Hot Springs	Monthly.
Independence23	.T. J. Woods, Batesville	J. W. Case, Batesville	********************************	Quarterly.
Jackson15	J. M. Green Newport	J. M. Jones Newport	Newport	.Monthly.
Jefferson30	J. W. Withers Pine Bluff N. R. Townsend	J. P. Runyan	Pine Bluff	. Monthly.
Phillips	D. A. Linthicum, Helena	M. Fink, Helena		Monthly.
Pope				-
Prairie 8				
				Annually,(April 15, 1896)
				First and third Monday of each month.
Sebastian26	E. G. Epler, Fort Smith	J. D. Southard, Fort Smith	Fort Smith	.Every second Tuesday.
Washington	John Young, Springdale	T. W. Blackburn, Fayetteville	00 ***************	* * * * * * * * * * * * * * * * * * * *

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the JOURNAL in completing the roster of county medical societies.

Lawrence County Society.

This society held the annual election of officers on March 24, with the result that Dr. N. R. Townsend was elected president; Dr. T. J. Wilson, vice president, and Albert Thornburgh, secretary and treasurer. Drs. Hatcher and Merriwether were elected delegates to the State society. Nearly every regular graduate in the county is now a member of the society.

Pope County Society.

The County of Pope has a society composed of fourteen members, but, says a correspondent, "it is a little like a certain fellow's religion. The minister visited his home and asked his little boy if his father had religion. The boy said: 'Yes, he has it, but he don't work at it all the time.' Neither do we work at our society all the time, but we manage to hold the thing together."

Organize.

It is not too late to organize a county society in time to be represented at the Fort Smith meeting. It can be done in most every county in the State if a half way attempt is made. Only three to constitute a county society, and yet there are many, very many, counties in Arkansas where no action in that direction has ever been taken. What a shame!

Medical News from Jackson County.

NEWPORT, ARK., March 25, 1896.

Editor Journal Arkansas Medical Society:

We would like to see items from all sections of the State in each number of the Journal, and for that reason send this. The Jackson County Medical Association is doing some good work but not as much as it should. We have some able physicians in this county, but all seem too busy in practice to give the association the attention that we think they should. The association is a unit in condemning the present medical law, and will support no man for the next general assembly who will not work and vote for a State board of medical examiners. We have had another smallpox scare this winter, but think now there is no danger of an epidemic. There have been five cases in the county and one death. Our city board of health has been on the alert and has succeeded in keeping the disease from this city.

We expect a large attendance at our next associational meeting, April 7, and will send a large delegation to Fort Smith on April 29.

Personal and Miscellany.

Fort Smith, Ark., April 29, 30, May 1, 1896.

- Dr. J. W. Hayes, formerly of Marianna, is now located at No. 4360 Delmar Boulevard, St. Louis, Mo.
- —Dr. Thomas J. Booker, of Columbus, Hempstead County, died recently. He was one of the charter members of the State Society and always attended the meetings when his health permitted. He has been in feeble health for several years. He was a whole-souled, genial gentleman and successful practitioner.
- —Dr. J. H. Westerfield has removed from Springfield to Atkins and is now associated with his brother, Dr. J. A. Westerfield, in the practice of medicine.
- —Though in feeble health, Dr. D. A. Linthicum writes that he intends to make a strenuous effort to meet his old friends at Fort Smith. Medical organization has never had a firmer friend or more untiring worker than Dr. Linthicum. His absence from our annual meetings is always regretted, and his presence appreciated.
- —Dr. W. H. Heard, for so many years a leading physician of Newport, has retired from practice on account of impaired vision. He has removed to Arkansas City, Kan., and is engaged in the manufacture of ice.
- —There are tramps in all walks of life, though we are accustomed to call only the greasy, unkempt, wandering beggar by that distinctive appellation. The common tramp's philosophy is that the world owes him a living and he is going to get it without working for it; that he is determined to reap the reward of the labor of others. How should we designate a physician who never turns his hand to one act for the good of the whole profession, but who is nevertheless benefited by the unselfish labors of his professional brothers?
- —Whenever we feel like berating the charlatan, the quack, the pretender, the ignoramus, the bigot, let us ask ourselves if the number of each class could not be materially decreased, if not entirely eliminated from our State, if we did our duty faithfully in the direction of medical legislation, medical education and medical organization.

We ought to make a long pull, a strong pull and a pull all together before we commence to "kick." The kicking animal generally lands just where his feet left the ground unless he accidentally falls, but the pulling team gets out of the mud or up the hill. Let us make a strong pull in the direction of Fort Smith determined to reach there by April 29. If kicking accomplished everything there would probably be but one physician in all Arkansas to-day, but he would inevitably have to be a perpetual "kicker."

—Disease ends by lysis, crisis, metastasis, or death. Death is the cessation of tissue change. Growth is increase in size. Medical organizations are but aggregations of individuals and the life of the whole is not altogether dissimilar to that of each individual composing it. Medical societies are brought into existence and grow or die suddenly, or they grow or die slowly, or they are so deviated from the objects for which they were organized that metastasis is the result in the first place and death surely follows. Our State society is not even sick; it has a strong constitution, and is growing slowly, but what it needs right now is rapid growth—increase in size. Let each of us consider himself a cell or a particle of protoplasm whose presence at Fort Smith will aid the society's growth.

—The heated political campaign with finances as the chief topic suggests the following, which was related by a medical friend. Said he: "I was in —— County the other day when the gubernatorial candidates were discussing the free silver question. After the debate was over, two of my medical friends became involved in an animated argument of the silver question. The discussion became so heated that it looked like it was liable to progress beyond words, when I attempted to cool the ardor of the combatants by relating an occurrence of which I had read in a dispatch to a newspaper. I told them they reminded me of that occurrence, the particulars of which were, that two tramps, neither of whom had as much as one penny, became involved in an argument as to where the best meal could be obtained for 25 cents. One contended for Boston, and the other for New Orleans. The contention finally progressed to blows when each pulled his knife and proceeded to carve the other to death. These two tramps killed each other over a question that in their then penniless condition was of no concern to them whatever, and here are you two doctors almost quarreling about things that Arkansas doctors are about as unacquainted with—gold, silver or greenbacks—as the tramps were with a square meal." The story had the desired effect.

Notes from Sebastian County.

FORT SMITH, ARK., March 18, 1896.

At a special meeting of the Sebastian County Medical Society held on the 3d inst., a resolution was passed withdrawing from all further connection with St. John's Hospital.

This society accepted the responsibility of furnishing the medical staff for this institution, at the request of its founder, nine years ago, and until recently our control over the medical department was unquestioned. The chief of staff, Dr. L. L. Saunders, deeming it necessary and proper that charity patients should be admitted only upon the approval of the physician in charge, so ordered. This was made the pretext by the irregulars for a kick. So 10, of the 200 or 300 members of the hospital guild met and overruled the chief of staff, whose action was indorsed by this society, and were sustained by the board of trustees. The irregulars, composed of two homcepaths, three eclectics and one ex-member of this society, six in all, then came forward and demanded of the guild that the hospital be divided and that they be given a certain portion of the space, beds, etc. Accordingly, the ten members of the guild met and by a majority of two, passed resolutions recommending to the board of trustees that the demands of the irregulars be granted. The board met promptly and adopted a rule dividing the hospital space, beds, etc., giving one-third of same to the irregulars, without so much as asking our sanction. Upon receiving notice of this rule a special meeting of our society was called, resulting in the withdrawal of the entire medical staff by the unanimous adoption of the following resolution:

Whereas, The ladies of St. John's Hospital guild, have recently adopted a resolution which has been followed by a rule of the board of directors by which the past unquestioned medical control of St.

John's Hospital by the Sebastian County Medical Society, is sought to be abridged and its opportunities for usefulness curtailed, and

Whereas, Such an innovation is, in our opinion, against the best interest of the hospital, as well as a reflection upon this society, and an act of ingratitude for its faithful service of the past, therefore,

Resolved, That the Sebastian County Medical Society hereby withdraws from all further connection with St. John's Hospital.

A statement by Judge Parker, published in all the local papers, together with various other reports calculated to place the regular profession here in an erroneous position before the public, induced the society to make a public statement of the facts (a copy of which is inclosed herewith).

The committee of arrangements for the State meeting is actively at work, and it is believed will have everything in apple-pie order by April 29.

It is predicted that the report on State medicine at the coming meeting will be one of the most valuable and interesting ever made to the Arkansas Medical Society.

The "Progressive" Medical Society, of Fort Smith, recently purchased the working interest of the Sebastian County Medical Society in St. John's Hospital. The price promised the guild is \$50 per month. It is hoped the payments will be made promptly.

St. John's Training School for Nurses passed, with the hospital, into the hands of the irregulars. Among the nurses of the institution, all of whom have resigned, was Miss Lula Beasley, of Little Rock, who has spent eighteen months in the training school, and who has the unqualified indorsement of this society, as a competent nurse. It is hoped the regular profession will treat her kindly wherever she may locate.

J. D. S.

Medical Matters in Ouachita County.

I moved to this place last spring. I commenced taking observations soon after my coming, and it did not take me long to take in the situation from a medical standpoint.

While I find that the medical profession is ably represented at this place, and that, too, by men who stand well in the estimation of the people, yet there is a degree of ill feeling amongst themselves which, I fear, will not be removed, and it will be an everlasting barrier to the organization of a county medical society—that is, if the nucleus is to be in Camden. If the profession outside of this

city, and in the county, could be utilized, we might effect a county organization. This is a task that I hardly feel competent to undertake, feeling, as I do, that failure would be the final outcome.

If medical men, and I speak in a general way, without any reference to this place, would be more courteous to each other and stop this continual back-biting, fault-finding and minimizing the professional ability of their confreres, how much better and more smoothly the machinery would work.

But this continual effort to get on top, no matter at what cost, is always uppermost in the minds of some men and, regardless of the code and reckless as to the feelings and interest of a professional brother, they intend to get there and stay there.

I admire an ambitious man, and when he can accomplish his aim on the lines laid down by the code, I stand ready to give him the right hand of fellowship and bid him godspeed in his efforts.

I believe it is the duty of every doctor, when he hears a brother in the profession being falsely accused, to defend and uphold him, and not by a significant wink, nod or shrug of the shoulders say you are half right, if he had had any sense he would not have done so. But as Dr. D. W. Gandell said, "The gods are so fond of such men that they hardly ever reach the years of maturity." I have nothing to report in the way of cases. I have practiced medicine in several localities in this State, but this is the most healthy one of them all. If you can use this letter, do so, if not, turn it over to the bacillus coli communis.

A. B. LOVING.

CAMDEN.

Hemorrhage from the Stomach, of Uncertain Origin.

BY T. J. ROBINSON, M. D., MARIANNA.

Mr. S., a prominent citizen of our locality, 40 years of age, having had chronic enlargement of the spleen, the first appearance of which was noticed about twelve months ago, sent for me in great haste on the 26th of December, having been attacked with active hemorrhage from the stomach. He had some pain in the cardiac region extending down to the greater curvature of stomach, but no suffering elsewhere. He had vomited three quarts of dark, coagulated blood and was still vomiting at intervals of fifteen or twenty minutes until after a hypodermic injection of fl. ext. ergot and administration of half a glass of flour and water.

The patient made a rapid recovery and enjoyed fairly good

health until similarly attacked on the afternoon of the 22d of this month (March), at which time he vomited at least one gallon of blood which caused alarming prostration and the necessity of keeping his bed for two or three days.

Now the mysterious feature of these attacks of hæmatemesis was the very sudden disappearance of the enlarged condition of the spleen. Not a vestige of it could be detected immediately after these hemorrhages. We know that on general principles, after copious depletion, enlargement would gradually diminish, but how shall we account for its instantaneous disappearance? It being a ductless gland and having no direct communication with the stomach, it occurs to me that it could not so quickly be emptied of its contents as seemed the case in these instances.

A Rare Medical Book by an Arkansas Author.

Dr. P. O. Hooper, of this city, has a very unique book, manuscript written, and bound in leather, entitled, "Medical Notes and Reflections from Observations, by Dr. A. W. Webb, during ten years' practice in the county of Chicot, Ark."

The book contains 691 pages, closely written, the headings of subjects underscored with red ink.

The author speaks of nearly every disease known at that time to the profession, particularly those prevailing in his immediate vicinity and the country surrounding. His quotations are numerous, from almost every well-known work on practice, giving the page, etc. Extracts from medical journals are frequent, and he refers to the page and date of the journal the excerpts are taken from. To illustrate his manner of quoting from writers who have written on the subject that he is describing, he puts it thus: "Wood says," "Andral defines," "Cullén describes," "Williams admits," "Dickson denies."

In speaking of the effects of mercury he says: "It does more to resolve irritative fever, to equalize the circulation, disgorge the capillary vessels, restore the balance of the nervous power and open the *sluices* of the various secretions and excretions than any other remedy I know."

On the subject of "Worms," he says, "Pathologists are divided as to their origin; one set maintains that they are derived from distinct germs, the product of preceding animas, of the

same species. The other set, that they are the result of spontaneous or equivocal generation. In other words, springing into existence without parents, through some action going on within the system."

On "Catamenia in pneumonia," he says, "a female may be seized with pneumonia without the catamenia disappearing, or they may appear early in the attack; but this occurrence is not to paralyze the treatment, for unless this discharge occurs at an advanced stage, and unless it be attended by marked abatement of the disease, blood-letting, general or local, or both, should be adopted according to the circumstances of the case."

On the use of cold water he says: "Cold water is not to be used during the cold stage of the paroxysm of fever, however urgent the thirst may be—if the thirst must be gratified, it must be with warm liquid. But when the hot stage sets in, cold water may be drank with the utmost freedom. It may even be drank in the beginning of perspiration, but as soon as perspiration commences, the use of cold drink is forbidden, as it is apt to produce chilliness at the stomach, and on the surface."

We make these extracts at random, from a casual reading of his notes, and how ridiculous they appear! It is very evident that the world has moved since his time.

Dr. Webb practiced medicine in Chicot County from about the years 1835 to 1845, when he moved to Little Rock, and had a lucrative and continuous practice from that time until his murder (which occurred in 1866) by unknown parties at his residence on Scott street in this city. He was quite a remarkable man in many respects. Those who knew him say he was one of the most energetic and untiring workers in his calling. When sent for to see a patient, no matter what business or social pleasure he was engaged in, he dropped everything and responded to the call at once. He is said to have had many peculiarities and eccentricities—was somewhat vain of his person and dress, and delighted in wearing costly and flashy jewelry which, however, never seemed unbecoming or out of place to him. He was an open enemy, but to his friends loyal and true,



The City of Fort Smith

Where the Twenty-First Annual Session of the Arkansas Medical Society will be Held April 29, 30, May 1, 1896.

A short time ago a gentleman, who travels with his eyes and ears open and with an interrogation point on the tip of his tongue, was visiting the capital of Arkansas. One day he was conversing with a small group of Little Rock citizens, some of whom had been residents of the place for years, when the conversation quite naturally drifted to the subject of travel. Two of the residents had made tours of Europe and were consequently quite at home in comparing notes on the noted natural wonders, famous buildings, interesting industries, and art centers of the continent of Europe. Presently the tourists came nearer home in their conversational wanderings, when the visitor remarked that he had come to the city via the 'Frisco and the Fort Smith roads and had been somewhat surprised at the beauty of the scenery, both mountainous and valley, that he had seen. He continued: "Why, you have some tolerably high elevations in your own State as I noticed coming down the road. What is your highest point in Arkansas and where is it?" One of the Little Rock denizens who was quite familiar with the Alps, Pyrenees, and other European ranges, contended that Big Rock was the highest land in the State. His companion, who has been to the top of Pike's Peak on a railway, had spent several summers in the mountains of Virginia, with all of which he was perfectly familiar, held out for the "Pinnacle" or Maumelle Mountain 20 miles west of Little Rock. Neither of the gentlemen could give the respective heights of their favorites, but each just knew his was the highest.

The conversation at last reached home sure enough when the traveler commented on the difference in construction of the two bridges that span the Arkansas River at Little Rock. The Little Rockers were for the first time made aware of the fact that one was built on tubular iron and the other on stone piers. They said they had crossed both of them hundreds of times but never noticed any particular difference in them. The visitor prolonged his comments on the process of extracting oil from cotton seed, and the method of delinting the seeds for export purposes, and spoke of the great compress at work in the eastern end of the city. His resident hearers were much interested in his descriptions, for though they were natives here "and to the manor born" they had never taken the time to visit and observe the most interesting things in either their own State or city.

The foregoing incident is not mentioned for the purpose of even intimating that Arkansians are generally ignorant, but to point out the fact that we often neglect, because it is so easy and can be done at any time, the most interesting places, industries and phenomena at home, in our anxiety to see and learn of, because it is more difficult and takes more time, places and things most remote from the very spot on all the earth with which we ought to be most familiar.

Those who have not visited Fort Smith in many years and who have not kept up with the march of progress in our own State would be amazed at the present day to find the old time military post first established in 1817, transformed into a thriving metropolis containing more of interest to the average denizen of our own State than he could find in thousands of miles of travel further from home.

Few river valleys in the United States are more picturesque than that of the upper Arkansas. A trip up there in the spring more than at any other season is delightful in every way. When a railway was a few years ago projected from Little Rock to Fort Smith it was christened the "Golden Valley" railway on account of the country it traversed containing that wealth of soil and capabilities of production which have long since characterized it as the garden spot of the Southwest. The city of Fort Smith is situated right in this garden and is its central bed of wealth, industry, prosperity and beauty, to which



NORTHERN PORTION OF CITY, SHOWING BAER MEMORIAL TEMPLE,

all roads, by-paths and waterways lead. On the bosom of the Arkansas river and by the extensive system of railways paralleling it and also sending their branches up the matchless valleys and through the broad savannas, the wonderful Indian Territory sends its mineral, agricultural and human produce to the "Border City." "To the north of the city are the ever-changing panoramas of wooded hills, sweet pastoral valleys, green woodland and graceful, billowy prairies; on the south the picturesque Poteau Mountains; and on the east the broad valley of the Arkansas, with its stately lowland forests, endless cotton and corn fields and great winding river, drifting away into soft, dreamy perspective. Overhead is the pale blue amethyst of these genial Southwestern skies; under foot the emerald sea of grasses. grain fields and forest, decked with floral gems of every hue."

And what kind of people would you expect to find in such a place with such surroundings?

It is true that "God made the country, and man made the town," but the men who made the town of Fort Smith and pushed it along to its present flourishing condition seemed to have been created by the same Allwise One for that very purpose. The history of many of our cities is an exemplification of the line that says, "Wealth accumulates, men decay," but not so with Fort Smith. Though wealth has accumulated and prosperity has been her lot, the impress of character of the early settlers has never been obliterated.

"The high character, excellent breeding, liberal fortunes and social and intellectual culture of many of the early settlers, together with the distinguished officers stationed at the fort, with military households of more or less refinement, gave to the early social life of the town the charm of a grace and dignity rarely found outside of the old centers of wealth and culture. Here on the wild borders, and for years far inland and remote from permanent settlements, were gathered scores of ladies and gentlemen of rank and fortune and superb qualities—courtiers, cavaliers, soldiers of mark, men of letters, scientists, engineers, explorers, traders, ranking professional men, fair and brilliant, some permanent, others transient, but all factors in a refined and elegant social order, whose impress is still on many a lineament of the "Border City."



PORTION OF GARRISON AVENUE, SHOWING GRAND OPERA HOUSE.

"General Zachary Taylor (later President Taylor), the hero of Buena Vista and Monterey, had headquarters here in 1845 while in command of the department, and from this post was ordered to the command of the army on the Rio Grande at the opening of the Mexican war. Here, too, his daughter Bessie was wooed and won by Jefferson Davis, then a lieutenant in the regular army."

It is not our intention to say too much about our meeting place this year. Nor could we, if we would, give more than a glimpse of the city, if we occupied every page of the JOURNAL in describing it. We have not even touched on its manufactures and other industries, schools, courts and residences; the agricultural and horticultural and mining resources, all of which are themes of interest that it will be a source of pleasure to see and become better acquainted with.

The sessions of the society will be so arranged that ample time will be afforded for recreative investigation of all that may interest the visiting physicians.

We inveigh against the habits our patients have of too close attention to business, of swallowing meals hurriedly and chewing them afterward or not at all; of working late and arising early, when adequate rest is essential to good health, and yet what business or profession is more slavish than ours? Who has more worry and less rest and recreation than the physicians? In what calling is a clear head and steady nerve more necessary?

In closing this article we cannot find more appropriate words than the following from the *Examiner* in commenting on the case of Dr. Golding-Bird, of London, who is reported as saying that he had worked himself into an early grave by economizing six weeks in summer:

"The physician needs more active exercise and more sleep too—fully seven hours—and as his sleep is often broken in upon at night he should form the habit of sleeping at odd moments, even by day. The folly of incessant work is illustrated by the case of the brilliant Dr. Golding-Bird, who, a few months before his death, remarked to a medical friend, when his own great popularity was mentioned: 'You see me, a little over 40, in full practice, making my several thousand pounds per annum. But I am to-day a wreck. I have a fatal dis-



CORNER GARRISON AVENUE AND SIXTH STREET.

ease of the heart, the result of anxiety and hard work. I cannot live many months, and my parting advice to you is this: never mind at what loss, take your annual six weeks' holiday. It may delay your success, but it will insure its development. Otherwise you may find yourself at my age a prosperous practitioner, but a dying old man.' ''

In our latitude we cannot all take our vacation in summer, for in many localities that is the very time we are needed at home. Our time of meeting has always been about the first of May, because experience has shown that it is the healthiest season of the year, and the most opportune time for the doctor to leave home.

If the JOURNAL may be allowed to suggest a prescription, which will be a heart tonic, a lung expander, an appetizer, muscle developer and a mind tranquilizer, it is this:

TAKE:

A trip to Fort Smith, April 29, 1896, and remain away from your business as long as you can. Attend the sessions of the Arkansas Medical Society and all the social functions connected therewith.

We have boiled the hydrant water,
We have sterilized the milk;
We have strained the prowling microbe,
Through the finest kind of silk;
We have bought and we have borrowed
Every patent health device,
And at last the doctor tells us
That we've got to boil the ice.—Journal.

It is better to wear out than to rust out. Medical societies properly conducted are wonderful rust preventives, and make the wear and tear of medical life easier.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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VOL. VI.

MAY, 1896.

NUMBER II.

Medical Hociety Papers.

Annual Address of the President.

BY L. P. GIBSON, M. D., LITTLE ROCK.

[Delivered at the Twenty-first Annual Session of the Arkansas Medical Society.]

Gentlemen of the Arkansas Medical Society:

Fully realizing that my election to the presidency of our society was an expression of your appreciation of my endeavor in behalf of our profession in this State, I concluded that I could most appropriately show my sense of obligation to you by continuing, as your president the same line of work I tried as your secretary to accomplish. In one of President Cleveland's celebrated messages I remember to have read these words: "The Monroe doctrine finds its recognition in those principles of international law which are based upon the theory that every nation shall have its rights protected and its just claims enforced." And a distinguished officer of our navy in commenting on the message said, in effect, that if the United States had

no navy the message would attract no attention at all outside our own country; that if we had but a few vessels it would attract the attention of only the weaker nations directly interested; but if our government had a full naval establishment equal to that of any other of the first-class, the president's utterances would command the greatest respect from all the nations of the world. Now what is true of nations is also true of States, and what applies to them is with equal force applicable to the individual citizen, and to members of any class or profession organized together for the accomplishment of any desired end.

With a view of ascertaining our status as a profession in this State and to what recognition our claims are entitled, I have been engaged for the last several months in the rather arduous task of obtaining statistics to show the results of our medical laws. You are aware that no provision has ever been made by the State for collecting these statistics. The number and kinds of doctors in Arkansas have never been ascertained, and so far as I have been able to investigate, no effort has heretofore been made in that direction.

A careful and painstaking investigation was undertaken and with the kindly aid of members of the society and other reliable physicians, to whom I desire now to express my acknowledgments, trustworthy replies have been received from every county except Arkansas, Columbia, Fulton, Montgomery, St. Francis and Yell. By fair estimation based on data obtained last year and by comparison with counties having the same population and similar surroundings, figures have been supplied for the six counties not heard from. The reports have been tabulated by counties and the totals show the following for the entire State: The whole number of physicians and surgeons who have been licensed under the medical law of March, 1881, is 4,179. Of the whole number 4,146 were males and 33 females; 4,138 white and 41 colored.

When the law first became operative 1,347 obtained license under the five year clause of the law without examination, and 2,059 have been licensed after examination by county boards.

The whole number of physicians in Arkansas to-day is 1,840; of this number 934 are regular physicians, and 899 are irregular

practitioners including all who claim to be homeopaths 32, and eclectics 112.

Estimating the population of the State at 1,343,814 (an increase of 20 per cent since 1890), we have one doctor to every 730 inhabitants; one regular graduate to every 1,438; one irregular practitioner to every 1,493; one eclectic to every 11,584, and one homeopath to every 41,994 of inhabitants. Faith healers, osteopaths, mind curers, etc., are not enumerated. Possibly two counties have no graduates in them.

Some other facts may not be uninteresting. Forty physicians, serve on county and city boards of health, without salary. There are twenty-seven United States pension examiners who receive \$2 for each examination; one United States jail physician at \$1,000 per annum; twelve county and jail physicians whose salaries aggregate \$4,050 (of which \$2,000 is paid to the superintendent of the Pulaski County Hospital); three city physicians receive in the aggregate \$1,700 a year, and the State pays in salaries to the five physicians attending respectively the Insane Asylum, Penitentiary, School for the Blind and Deaf Mute Institute the sum of \$7,150. Two hundred and twenty-five doctors serve as members of the seventy-five county boards of medical examiners, who are paid at the rate of \$2 for each examination. In several counties the records have been burned; in others no attention is paid to the medical law and anybody practices who wants to.

The foregoing figures have been obtained with the sole object of ascertaining the real condition of our profession in the State, and not the least effort has been made to establish any preconceived opinion. As in our practice the most difficult and at the same time the most important thing is the diagnosis which must be based on a thorough knowledge of pathology, so it has occurred to me that we might hold a consultation, so to speak, on the state of our profession at the present time and I have tried to give the history and present conditions as I have been able to find them.

Following the usual custom in consultation I will proceed to briefly state my opinion of the case and hope my confreres will without reservation express theirs at the proper time.

A candid and critical study of our affairs must convince us that as a profession we are not behind our State or any of the learned professions in it. When we consider what we have had and still have to contend with we ought to feel a degree of satisfaction that it is no worse.

The medical profession of Arkansas is as good or better than the people require. If it were not so, they would help us to make it better. The State society has labored incessantly for more than twenty years to raise the quality of Arkansas doctors, but we have been met by every obstacle that prejudice could invent and ignorance employ to hinder and prevent us.

When with absolute unselfishness, prompted by no motives but for the general welfare of our citizens and the elevation of our own profession, we have appealed to our lawmakers to enact just and equitable laws for the regulation of the practice of medicine, we have been met by the opposition of those whose sole object was to pose as persecuted martyrs to dogmas which they wear as trade marks, but do not dare to follow in practice. But I am not going to blame any one else for our failures. On the other hand, let us face the situation manfully and acknowledge that if we have not accomplished as much as we desired, it has been because we have either not worked hard enough, in the right way, or, to tell the whole truth, we have been ahead of the times in Arkansas, and have attempted the difficult and perhaps impossible feat of putting our profession on a plane far above the intelligence of our ordinary people, and clear beyond the comprehension of our lawmakers. It is sometimes hard to save a patient that is determined to die any way, and it may be it is just as difficult to teach the people the value of health and how to obtain it when they prefer to work out their own salvation.

Let us see what we have on which to base our "demand to have our rights protected and just claims enforced." The members of the regular profession are citizens of the State, they are permanent in their residence, as a rule, and have at heart the welfare of the community in which they live as well as pride in the showing made by their State. They hold the most intimate, confidential and sacred relations with the people among whom they are called. However

mercenary the lives of a few, it is a well known fact, universally acknowledged, that the practice of our profession is inseparable from the very purest philanthropy.

Why is it that members of a profession so noble, and which can be made so powerful, are most impotent in the things that concern the general welfare of their profession? To me the answer is plain. It is because we have not that *esprit de corps* which can only be engendered by constant association with each other in medical organization.

It is true that the regular graduates are barely in the majority in our State, but mere numbers never have prevailed and never will prevail against intelligence, integrity, morality and fixedness of purpose. No Australian ballot or property qualification is necessary for the success of the latter.

There is a charity that begins at home, and while we have generally expended ours in everybody else's, let us commence, and while in no way neglecting our duty to others, pay some attention to the affairs that pertain to our own selves. The three great foundation stones of the castle from which we must make our warfare, offensive and defensive, are *organization*, *education* and *legislation*, and I name them in the order of their importance. With the first firmly in place, the second would be easily handled, while the third might be put in as a brace, or according to my judgment, formed after long and careful observation, it might not be necessary at all.

Some unwritten laws are more potent than any statute that law-makers can pass. No law ever has been, or ever will be enforced against enlightened public sentiment. To the passage of laws there seems to be no end, while to the enforcement of them there is no beginning.

With a medical society, composed of educated and earnest members, in every county; with the State society supported by such a constituency, the line of demarcation between the thoroughly equipped, honest physician and the gangrenous—I'll not call them names—other kind would be so apparent that the people would need no medical erudition to be able to distinguish the sound from the rotten.

Really, the only law we need is one to keep the medical sewage of other States out of ours. On the west of this beautiful city is a country as fair as any on God's earth. Nature has endowed it with everything to make man happy, and yet for years it has been the stamping grounds of the most desperate criminals who, hunted down in other and more civilized communities, flock to it to make Roman holidays with their bloody crimes. A strong effort is being made to open this country to white settlement on the ground that under present conditions it is impossible to enforce the laws against crime. Do you know that our own fair State is suffering in the same way on account of our medical laws which offer the most hospitable reception to a class of criminals just as low and more cowardly than those who infest the Indian country?

Crime is reprehensible in all its phases, but if there be any difference in the degrees of murder not specified by statute, I believe the desperadoes, who at least occasionally risk their own lives in quest of healthy victims, are gentlemen compared to the stealthy murderers and cowardly thieves who, with the aid of their congenial commercial allies certain newspapers, prey upon minds diseased and bodies racked with pain.

You may think this language rather strong, but I have the temerity to reiterate that the newspaper publisher who is so impecunious or avaricious as to aid these disreputable criminals, who have been driven out of more *civilized* communities, to ply their vocation in our State, which is now the Botany Bay to which they are sent, is an accessory before the fact and after the fact, and belongs in the same category as his principal.

It is a strange kind of moral philosophy that will permit man's conscience to condemn fraud in all its forms in the editorials of his newspaper, while on the same page are columns of advertisements reeking with the most obscene illustrations and indecent wording placed there for a monetary consideration, and with full knowledge that they contain not one word of truth, but on the contrary are displayed in all their blazonry of lying and deception.

A few years ago our legislature passed a law making it a crime for doctors to employ drummers, cappers or steerers, and a certain city passed ordinances requiring such drummers to take out license and wear badges. The same city also provided for distributing circulars on all incoming trains warning visitors to beware of the doctor hotel-drummers.

Now these doctor-drummers are generally considered a disreputable set and the newspapers frequently condemn them, especially severe are the papers that contain the most disgusting advertisements of medical frauds. What is the difference between the neatly dressed, presentable doctor-drummer, who insinuatingly presents his card to the contemplated victim on the train or at the depot, and the newspaper publisher who dresses up his disreputable patron's advertising lies in all the attractiveness of the printer's art, and has his news agents to present them for sale at the same depot and on the same train where the doctor-drummer plies his vocation. There may be a technical distinction between the two but there is no moral difference.

Any one of the leading papers of this State has the power to drive these notorious medical hyenas—for like other beasts that prey on human misfortune, they flee when detected—from the State, and their advertisements from the otherwise respectable press.

There is one whose way is harder than the transgressor's, and he is the reformer, and I am far from conceited enough to think that I could reform the terrible abuse of which I have just spoken, perhaps in language more earnest than elegant, but which the situation seems to demand.

Just one word more in our fraternal quarrel with the newspapers, and then I will invite your attention to some pleasanter prospects. Whenever there is the slightest misunderstanding between two physicians, or the physicians of a city are divided on any issue, and however dignified and peaceable the demeanor of those concerned, the papers frequently herald it to their readers as a "doctors' war," or "a quarrel among the medicos," or something similar and just as exaggerating.

Let us stop quarreling; let us dwell together in harmony, if possible, but if in the course of human events differences arise that cannot be settled otherwise, let the papers have the truth on their side when they print the word "war" in their headlines.

Silence is sometimes power, and of all callings ours seems to be the one in which it could be oftenest and most effectually wielded.

We all know there are men practicing medicine whose sole passport to prosperity is the attention they are able to get bestowed upon them in the way of denunciation and opposition. Let us devote all the time we can spare from the drudgery of our profession to the cultivation of a more fraternal fellowship with our equals, and the closer we get together the farther off will be those who would tempt us to make them by opposing.

Of all the medical laws I believe Alabama has the best, but it is so far in advance of anything we could expect to get in this State for years to come at least, that I feel some hesitancy in even referring to it.

All the medical laws of Alabama are administered through the State society, which is itself established by law, and has charge of all the quarantine and other sanitary regulations.

The feature I wish to call particular attention to is this: The law requires every one desiring to practice medicine in that State to belong to a county medical society if one exists in the one in which he resides. Applicants for admission to county societies must stand examinations which are rigid but practical, conducted entirely in writing, and the papers in each case are sent to the State society for review by the board of censors. One of the most pleasing effects of this law has been the entire obliteration of all medical sects in Alabama. Dr. Cochran, the Nestor of the profession in that State, told me last year that all of those who formerly fought the law with all their might and main had ceased their opposition, dropped their sectarian designations and were now plain doctors of medicine in good fellowship with the members of their county societies and working for the common cause of the profession. Here is a good illustration of the truth that where opposition ceases sects decay.

There is one just claim we ought to be able to enforce but I will humbly put it in the form of a petition and send it to those in authority as the substance of things hoped for and the evidence of things not generally seen in our State. Whenever a medical man is to be appointed to a medical position we ought to do our best to have a man

representative of our profession selected. Appointments have been made by our officers from governors to county judges that should have brought the blush of shame to the cheek of every reputable physician who heard them called doctors.

And if we can't send a good man to the legislature we ought to try to prevent a bad one from getting there as a representative of the medical profession. There will be two officers in particular to whom we should address our petition. I refer to the president of the senate and the speaker of the house in the next general assembly. With the honorable exception of the two members of this society who were in the last legislature, the so-called doctors who have been to the legislature and were placed on medical committees have been anything but representatives of an enlightened medical profession. It should be known of all men that one in particular who championed the passage of the bill re-establishing county medical boards is not one of us, and according to our standard is not eligible to membership in a regular medical society anywhere.

It is inconceivable that one who took the least pride in his profession should have degraded it by the advocacy of the law re-enacted last year, and yet, notwithstanding the intelligent and dignified protest of the only two members of our society who had the misfortune to belong to that legislature, it was passed, was vetoed by our distinguished governor who had the moral courage to oppose the demagogism that favored it, and it was made a law notwithstanding his veto. And our attitude now is that the county clerks of Arkansas are in reality the censors of the medical profession of the State and of the medical colleges of the world, while certain county boards can be found who will license any applicant who pays the fee.

Notwithstanding that the legislature was in session when the smallpox first invaded our State last year, and an object lesson was presented to them of the benefits to be derived from an efficiently equipped State Board of Health they slapped us in the face by passing an appropriation of \$2,000 with the proviso which I quote and italicize, "that whenever the health of the citizens of this State is threatened by the prevalence of an epidemic or contagious disease in this or any adjoining State in the judgment of the governor of this

State, the public safety demands action on the part of State board of health, the governor shall call the attention of the board to the facts and order them to take such action as the public safety demands to prevent the spread of such epidemic or contagious disease." And to cap the climax, section 525 of Sandels & Hill's Digest, which provided that "the salary of the secretary of the board of health shall be \$1,000 per annum" was repealed. This same set who posed as the watch dogs of the treasury and advocates of retrenchment and reform "appropriated" money from the public treasury of the State to pay for nursing and other private expenses of their colleagues.

And yet gentlemen, there are physicians in Arkansas, possibly some members of this society who should be here to-day, who are working for the re-election of some of these very same men who have done their best to humiliate us.

Notwithstanding all the honor and dignity that justly belongs to our supreme court, and the unbounded confidence we should have in them; notwithstanding the vast interests of life, liberty and property that depends on their decisions, I make bold to assert and stand here to-night ready to substantiate the correctness of the assertion that since the 1st day of February, 1895, our State has lost more in money on account of smallpox, which is almost absolutely a preventable disease, and could have been kept out of this State, than the sum total of money and property involved in all the cases that have come before that honored tribunal during the same period; while the lives which have been offered as sacrifices to the ignorance and parsimony of our lawmakers, have been many times more than all the criminal cases that come before that court in twice the same length of time.

Many other things might be mentioned, but as I am addressing medical men who are familiar with them, I shall conclude by offering a few suggestions, which I hope will meet with your approval and support.

First of all, let us, as I have before indicated, commence right at home in our own profession and form a closer union for mutual improvement of our members scientifically and ethically. We must go into the arena with clean hands and pure purposes, if we expect to deserve the respect of our fellow citizens. We must show them

the difference between what we claim to be and what we say others not with us are. The county societies form the foundation on which our success must depend. They should be organized on a higher plane than that of the mere trade's union, and their aim should be to help the weaker brother and cultivate a spirit of fraternity, placing always the general welfare of our profession before purely selfish or local interests. In order to prevent in the first place, and to settle when they occur, differences that may arise between physicians, we should strictly follow this section of our code: "Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy, and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a court-medical."

There is, perhaps, not a physician in the State who does not belong to some society, or fraternity, or political club, not even remotely connected with this profession, and they seem to find the time to attend to their duties in them, and to dwell together in peace and fraternal affection. At the same time, in county after county, with otherwise well equipped medical corps, there is not the semblance of a medical organization.

One of the best criticisms I remember to have seen just after a terrible political tidal wave that nearly annihilated one of the great parties, was to the effect that the defeated party was a party of "be it resolved," but when it came to "be it enacted" it did not have the courage to carry out its platforms.

Let us not only resolve here, but when we go home we must put our resolutions into actions, if we ever expect to prosper as a profession.

As to legislation, my conviction is that what is most desirable is a State board of health who shall have full control of *all* medical matters in the State. There is no necessity for a separate board of examiners, for the State board of health should have jurisdiction over all. The simpler the machinery, the fewer the pieces of which it is composed the smoother it will work, and the more it will accomplish beside keeping itself running. One power above all others should

be conferred upon this board and that is the right to revoke license for unprofessional conduct.

If those who differ from us desire separate boards of examiners let them have them. You may rest assured that the sect represented by one hundred and twelve followers will want at least a third of the representatives on a mixed board and that the thirty-two who belong to the other will demand, with the wail of the persecuted, one-third also with the right to control the other two-thirds; while the faith healers, mind curers, osteopaths, electricals, physio-medicales and orificialists, etc., etc., will each and all clamor for place and "recognition."

It would be ideal justice if each sect could by law be required to practice exclusively according to the principles of their respective dogmas under which they claim to accomplish such wonders. I am quite certain it would be a repetition of Shylock's experience. They clamor for the exact pound of flesh, but no greater disaster could befall them than to be given just what they ask for and to be compelled to stick to it.

We ought at this meeting to perfect a medical law in every detail, ready for submission to the next general assembly. With our minds of one accord and our hearts set on the accomplishment of those objects which should form the aspirations of every one who holds himself debtor to his profession, neither Ignorance, Bigotry, Avarice nor Knavery can prevail against our determination to have our "rights protected and our just claims enforced."

The Value of Public Health and the Duty of Government in the Prevention of Disease.

BY T. E. HOLLAND, M. D., HOT SPRINGS.

[Read at the Twenty-first Annual Session of the Arkansas Medical Society.]

The proposition that the care of the people's health (i. e., public health) shall constitute a part of the duty of the State rests on the solid ground of self-interest, a motive or instinct which operates most powerfully, not only on individual persons, but on communities

and nations; its mainspring being the acquisition in greater share of those things which add to the enjoyment of life.

These enjoyable things may all be embraced under the term wealth, and as all wealth arises in the first place from the application of human labor to the earth, or to substances upon or within it, the degree of efficiency of such labor must depend on the physical and mental soundness of the individuals composing the population of any given community, or State; and the amount of wealth created must, therefore, be in direct proportion to the health of the people engaged in its production.

The form which the wealth produced by the people of a town or State takes may vary from the raw products of the farm, forest, mine, etc., to the most perfect examples of the highest handicraft skill, as shown in jewels, silks, statuary, painting, etc; but, while strength of body is necessary in the great primary occupations, such as those of the farmer, miner and lumberman, a trained eye and skilled hand are the requisites of the artist and artisan, who transform into refined shapes the coarser and heavier products of the earth; and, with workers of all kinds, the rule holds equally true that good health is an indispensable factor in workmanlike efficiency.

The greater and freer the production in any community or State of those things which go to satisfy human wants and tastes, the greater will be the prosperity there, and as this industrial situation can have no sure foundation other than the mental and physical soundness of every wealth producer, it follows that the ways and means necessary to secure this general condition should be among the first and greatest concerns of organized government among men.

To be born of a hardy and useful ancestry is the best heritage an infant can have, and to be shielded from all preventable diseases and accidents until maturity is the right of every child, after arriving at which period, on the foundation already laid, the individual is expected, through the exercise of his own judgment and reason, to successfully complete the structure of a healthy, prolonged and economically valuable life.

In order to reach and maintain this normal condition of mankind there are needed abundant fresh air, pure water, good food in sufficient variety and amount, proper clothing and shelter, together with special means of defense against particular dangers which only the community and State, in their organized capacities, can effectively provide.

To meet this want among progressive people certain officials or official bodies have been found necessary, whose duty and work it is to study and correct, as perfectly as possible, all conditions present that injuriously affect public health, or whose tendency is that way; in brief, they are expected to give attention to everything that has a bearing on the sanitary condition of their people, and to this end health officers and boards of health are given powers and means, more or less liberal, in order that their action in the presence of threatened or actual danger may be as prompt and effective as possible, considering the nature of the peril they have to confront.

Many branches of knowledge are laid under contribution in the equipment of the modern health official, which office has become a recognized specialty among advanced people, for the discoveries of the last two decades have overturned former views, and established sanitation on a scientific foundation. Accurate knowledge of causes, and precision in the application of measures, with a vast improvement in available weapons and resources, have replaced the guesswork and empiricism of former days, and threatened epidemics of disease are now strangled in their infancy, which formerly would have swept entire continents, and possibly the world.

The work of successful defense against disease and the promotion of public health rests on certain clear principles, and among these, in first importance, is an accurate count of the people, at intervals not too far apart, together with a careful record of every death, with the essential data as to cause and place; the name, age, sex, color, etc.; also, full details respecting every birth.

This information is the ground-work of sanitation, for from the statistics thus obtained the progress, or otherwise, of a State or place can be measured with reasonable certainty.

A census taken at say five-year intervals, is needed in order that the death rate of the observed population may be known, and the gain or loss thus correctly ascertained; while, by a record of births may be shown whether any gain was due to the natural native rate of increase or to accessions by immigration—a very important point in an economic and political sense.

To secure such an enumeration is rightly a part of the duty of a State government, and would be of value to a progressive commonwealth in many ways beside that of public health; but naturally, the latter would always have prominence, for in attracting new people and building up a town, city or State, among the first questions asked by intending settlers of intelligence are, whether or not the locality is healthy? Whether the air, water, soil, etc., are wholesome? What diseases are found there, and what is being done to check or uproot them?

As with every other branch of modern science, thorough organization and careful subdivision of labor is found to give the best results in sanitary work, and a public health service should reach in an unbroken line from the State government down to the smallest political unit within its limits. This is necessary in order that the central authority may have the means of obtaining early and accurate information of every known morbid factor and threatening circumstance that may arise, and be enabled to act with speed and certainty in the best interests of the people. In other words, that portion of the State authority which has charge of the public health, should have an hundred arms reaching into every county and town, and joining hands with the local authorities in the task of quelling disease and strengthening the general health.

It being understood that a State health board is constituted of members chosen with reference to their zeal for and knowledge of practical sanitation, and supported by good local organizations, what should be the every-day workings of such a system, and the practical outcome in public health and public wealth?

Having a watchful eye over the entire area of the State, and having knowledge of the conditions in every part from the local returns of deaths occurring, and the cases and kinds of diseases present, the central power would perceive that in one locality a considerable share of the mortality was due to typhoid fever, in another place that malarial affections prevailed, in a third place smallpox, and that in still other places various morbid causes were rife, such as tuberculosis, diphtheria, measles, etc., all of which maladies are now classed by sanitariums as being preventable in their nature.

All of these conditions, if known, would not only deter immigrants from settling there, but would have a tendency to drive away

those not compelled to remain, to the decided detriment of all normal business operations and corresponding financial loss.

The presence of typhoid fever in a community would suggest at once to the health authorities that the water supply had become tainted with matter from a sick person's bowels, and would call for thorough investigation and prompt correction by either shutting out the foul drainage, changing to a pure source, or filtering or boiling the domestic supplies. The occurrence of malaria would indicate a wet soil, a condition that proper drainage would overcome, and thus remove the morbid cause. Smallpox would show neglect of efficient vaccination, with faulty isolation of the patients and failure to destroy or properly treat the clothing, bedding, etc., that had become infected. And thus, through the list of communicable diseases, affecting both man and animals, the particular danger threatening would be met and handled in the most effective manner, whether air-borne, water-borne, or conveyed through the medium of food or other substances. That this is possible has been proved time and again, so that a number of formerly fatal maladies have almost ceased to exist. Scurvy, leprosy, typhus, the plague, have yielded to hygienic measures and are now most rare in enlightened countries, while cholera and yellow fever-so destructive within the memory of this generation—have nearly been outlawed throughout the principal part of this continent.

To accomplish this, however, has required organized intelligent and prolonged continuous effort, with the employment of the most accomplished sanitary skill, and the expenditure of large sums of money but who can say that the results have not amply repaid the costs.

But, while such marked successes have been won in the warfare against imported diseases, there are plagues now at our doors that call for efforts just as great. Smallpox and typhoid fever have not been exterminated, diphtheria, measles and scarlet fever are far too common, while the deadliest foe of all, tuberculosis, goes its way almost unchecked. Therefore, there is serious work ahead for many years to come in every State and community in the land that cares anything for progress and prosperity; and not only are these concerned but the public health service of the general government—meagre, wrongly based, and totally unrepresentative now—should assume

through congressional action a foundation broad as the nation, be made representative of every section, and unhampered in operation by any political consideration whatever.

The cash value to the people of a town or State in sickness prevented, and lives saved by sanitary work cannot always be expressed in figures, but almost without exception it may be taken to far exceed the amount of funds expended for this purpose. The life of every normal human being born into the world possesses a value to society that can be measured in money, this resting on the expectation of a healthy maturity, which is the birthright of every child, and which has been figured in hundreds of dollars, while the value of an adult person's life has been legally fixed in some places as low as \$5,000.

These figures are taken to represent the usefulness to civilized society of the productive powers of the average person, as commonly exerted in the particular line of skill, energy, industry or intelligence that he may happen to pursue. Hence, aside from all considerations of sentiment or humanity, how vastly important for merely business reasons is healthful human life; and how worthy of aid is every effort whose purpose is to realize to their full economic extent the exercise of the wealth-producing powers of every unit of population, through wise forethought and intelligent actions, for the avoidance and removal of the causes of weakness and disease.

In this country a few of the States have been leaders in this great work, but too many of them have lagged, and about all that has been accomplished in the way of organized effort for the State subjugation of epidemics has been done within thirty years. Sanitary undertakings naturally began with city governments through sheer necessity, there first taking the forms of public water supply, drainage and sewerage, the recording of deaths and births, etc.; later the work was extended to State governments. Massachusetts led the way in the establishment of a board for the single purpose of public health, its creation dating from 1868, and its strictly sanitary character has never been disturbed except for a brief period some years ago, when it was merged with the Board of Lunacy and Charity. It has always been accorded liberal support, and has done and is now doing some of the most valuable work ever undertaken anywhere in the study of public water supplies, and the means of their purification.

All the Atlantic seaboard States, except Virginia and Georgia, have boards of health, while in the North and West and in the Mississippi Valley nearly all have the form of such organizations, and sometimes the substance appears in the shape of continuous financial support sufficient to enable them to do some very good work. In liberality of appropriations and effective work Michigan, Minnesota and Wisconsin are probably foremost in uncomplicated sanitary service.

It is a rule without exception that the course of disease, like that of the thunderbolt, follows the line of the least resistance, and this holds good concerning individual persons, towns and States; so that an invitation of epidemics is always extended where no means, or insufficient means, of resistance exist. The melancholy sacrifices of life, and the business losses inflicted through epidemic invasion, or uprising, among people negligent in this respect, are within the easy recollection of all, and need no specific instances; and such extensive occurrences are now held to be so entirely unnecessary that it has almost become an axiom that epidemic disease will shun a people where intelligent precautions are taken. But to make a sharp and winning fight in such a case needs more than raw recruits, turning out in a half panic, under the spur of necessity—a thorough organization, directed by trained experience, and furnished with proper weapons and means, are the necessary conditions of successful battle against military power, conflagrations and spreading diseases as well.

In view of the above, and much more that might be said upon this same line of thought, it is of the utmost importance that suitable legislation looking towards its accomplishment should be enacted. Therefore the Arkansas Medical Society, as a large element in the recognized guardianship of the public health, would appeal to their fellow citizens of this great commonwealth to see to it that the would-be aspirant for legislative honors will introduce and enact laws, altering or repealing such of the present laws creating a State board of health or governing the practice of medicine (which have been tried for a number of years without any adequate result), as will in great measure afford the people of the State that protection from disease, loss of wealth, and death, as set forth in argument herein presented.

Smallpox.

BY H. C. DUNAVANT, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

At the solicitation of your secretary to contribute a paper to your society, I have consented and have selected for my subject a member of that large family of zymotic diseases that has been so very active in its operations in some portions of our State during the last year.

The very name of smallpox, Mr. President, carries a feeling of terror in any community where it makes its appearance, and well may the people stand in dread of this loathsome monster, unless they have been wise enough to avail themselves of the protection which science has offered them.

We have no definite knowledge of the origin of this disease, except some traditions handed down by some of the Eastern nations; notably, China and Hindoostan, which refer its commencement to a remote period before the Christian era. The first intelligent description we get is from Rhazes, an Arabian physician, written about the year A. D. 926. The records of all historians and travelers describe its fearful destruction of human life.

McCauley, the historian, calls it "the most terrible of all the ministers of death," and says in the 17th century it was ever present filling the church-yards with its corpses and leaving its hideous traces on the living.

It is recorded that 3,500,000 people perished in Mexico with this disease during the 16th century. In the year 1734 two-thirds of the population of Greenland were swept away by this one cause, and in Iceland 18,000 out of a population of 50,000 perished. In the Russian Empire alone, it is recorded that 2,000,000 were carried off in a single year. In Ceylon whole villages were depopulated to such an extent that they were entirely abandoned.

Accounts of this character could be multiplied ad infinitum. No statistics are wanting to convince an intelligent and unprejudiced mind that its ravages were common throughout the world until the year 1798 when Edward Jenner made his discovery of vaccination known to the world.

This dreadful scourge is no respecter of persons, it enters the palace of the rich and the hovel of the poor alike; it finds food under the crown sparkling with diamonds, and under the dirty rags of the beggar. Louis XV. died with the second attack of smallpox.

The question naturally arises, what is this disease? The scientists, beginning with Leevewenhock in 1675 on down to the conclusive researches of Koch in 1881, have assigned it to that large family of zymotic diseases prevalent throughout the world. Koch was the first to demonstrate the distinct varieties of infection as evidenced by anatomical changes; isolated the specific organisms in cultures, inoculated susceptible animals and produced the specific diseases. Koch's classical series of investigations mark an epoch, and may truthfully be said to be the birthday of modern bacteriology.

Smallpox is also known as an infectious rather than a contagious disease, though some authors claim that the terms are synonymous, but as we understand the terms, contagion applies to those that require direct contact with the person afflicted, while the term infection applies to those whose poison is transmitted through the medium of air, food or water. The poison of glanders, malignant pustule, and venereal diseases are contagious, while that of smallpox, cholera, yellow fever, scarlatina, etc., are infectious. Some authors claim that the latter class or eruptive diseases are both contagious and infectious. The infectious diseases are more common, more fatal and more often demand our attention. The power they possess of infecting the air we breathe, the water we drink, and the food we take in, our economy ranks them as the most deadly foes to man.

In some respects these diseases all have the same characteristics. They all require a fixed time to elapse between the entrance of the poison in the system and the breaking out of the disease. The poison it seems is multiplied in the system until there is a sufficiency on hand to produce the derangements or symptoms of the special disease. The scientific methods of analysis pointed out to us by Koch, enable us to know many of the infectious diseases by the germs that cause them. We also know the conditions under which they thrive and multiply.

We find the term, zymotic, means fermentation and the general

peculiarities prove the correctness of the term. We know that after yeast fungus has destroyed the sugary principle in dough or wine, you cannot again effect fermentation. We also see that an attack of smallpox leaves the person forever afterwards immune from its attacks. This is so generally the rule that when a person has once had the disease he ever afterwards feels safe, though here, as in all other conditions of life, we may have exceptions to the rule, and maybe one out of every 10,000 may have the second or even the third attack of smallpox. There seems to be some particle of that principle in some subjects which multiplies and reproduces the food upon which smallpox feeds.

While vaccination in many cases seems to completely destroy the pabulum upon which the virus of smallpox thrives, yet we more often find a person after vaccination, than after an attack of smallpox, susceptible to the infection as demonstrated by successful revaccination. The vaccination, it appears, destroys that pabulum in a more mild and humane manner than the smallpox does.

The students of zymotic diseases have advanced some very ingenious theories: There was the vital germ theory by Dr. Lionel Beal. He claims that all germs multiply by splitting in halves, each half retaining its individuality, and again multiplying at a certain age.

The nervous theory was championed by Dr. B. W. Richardson, and was based upon the analogy between serpent poison and the poison of zymotic diseases. He and his followers believed that the poisons were developed in the system, by the action of the nervous impression upon the various glands of the body. These were all swept away like chaff before the wind, in 1881 by Koch, who brought forward the germ theory proper and established the foundation upon which bacteriology of the future will rest.

The many advocates of this theory claim that the poison of these diseases is due to microbes belonging to the vegetable kingdom. Microbes of different form and character are found in the different contagious and infectious diseases. They have been isolated, cultures cultivated, and symptoms of the several diseases produced in animals artificially infected with them. The latter, we think, the only rational explanation offered us, and we accept it until a better explanation is

demonstrated. The scientist and bacteriologist having demonstrated to us the nature of these zymotic diseases it is our duty to try and instruct the people so to live as to avoid them. We should look well to their ventilation, their food and the source of their water supply; to do this would require police regulations, but in the case of small-pox we have an additional safeguard for them in vaccination.

We know that certain antivaccionists claim that vaccination does not protect; that compulsory vaccination is an invasion of personal liberty, etc., and that impure virus introduces such poisons as syphilis and tuberculosis in the system; that good sanitary isolation and disinfection is sufficient to prevent smallpox. Their principal objection, it seems, is that vaccination does not protect.

To arrive at an intelligent solution of this question it would seem necessary to inquire into the statistics previous to the year 1798 when vaccination was introduced, and since that time. Statistics tell us that previous to that time that smallpox was ever present, and its victims were counted by the million. The fewest number of the living escaped its marks. Thousands were left partially or totally blind from its baneful touch. It was estimated that one-third of the children died during their first year, and fully one-half before they reached their fifth year. Physicians and government alike were powerless in repelling it, it actually held the progress of the world in abeyance. We now have no infant mortality among vaccinated children, and but a small per cent among adults where vaccination and revaccination is rigidly enforced.

The following table taken from the reports of the Epidemiological Society of London, before and after the year 1798, shows the death rate per million of inhabitants:

	Before Vaccination.	After Vaccination.
Lower Austria,	2,484	340
Eastern Prussia,	3,331	56
West Prussia,	2,272	356
Berlin,	3,422	176
Sweden,	2,050	158

In New York the death rate varies from 122.85 down to 8.36 per 100,000. In Germany, where compulsory vaccination is enforced,

it is only 1.44 per 100,000, and in London, where compulsory vaccination is rigidly enforced, the death rate is 0.6 per cent in 100,000, and in Switzerland, where they have recently repealed the compulsory vaccination laws, the death rate has run up from 8 to 85 in 100,000.

These antivaccinists never realize the fact that contagious diseases are communicated sometimes by kissing or other means. They never say beware whom you kiss, or of the use of infectal materials. We know that "kisses and favors are sweet things," but frequently "where the" daintiest "sweets are" there lies the "snake," and these "violent delights have violent ends, and in their triumph die, like fire and powder, which as they kiss consume."

We should be aware of all these things and at the same time be careful of the source of our vaccine virus, and scrupulously antiseptic in applying it.

DIAGNOSIS.

In a mild form of variola and a severe form of varicella there is sometimes difficulty in the diagnosis. There should be no trouble in any of the other eruptive diseases.

There are certain well marked characteristics in smallpox that we find in no other eruptive fevers. In smallpox the fever is ushered in by a chill or cold stage and continues three or four days; declines or ceases after the eruption, and frequently reappears between the fifth and eighth day, during the suppurative stage. The eruption is generally accompanied by an erysipelatous appearance of the skin, and never breaks out until the third or fourth day of the fever.

The papulæ of smallpox are circular, hard and moveable, and feel like shot under the skin. In smallpox the eruption becomes vesicular by the end of the second or commencement of the third day of the eruption and the vesicles are found in the points of the pocks, which at first are very pointed, gradually become rounded, followed by a depression in the center.

Now in varicella or chickenpox the fever is not generally preceded by a chill or cold stage, and nearly always very light. It seldom continues more than two days, and never reappears after it has once ceased. In chickenpox we have no erysipelatous efflorescence and the breaking out comes on the first or second, and always before the end of the third day of the fever, and appears first on the breast and shoulders then on the face, but in some cases we have successive crops of vesicles appearing for four or five days, while in smallpox the eruption is completed in two days. The eruption of chickenpox is not circular, nor are they papular and are void of the hard, rolling, shot-like sensation in variolous eruptions. In chickenpox the eruptions are vesicular from the first and by the second day are full of transparent fluid and retain the same shape throughout the whole course or until rupture.

Dissections prove that the smallpox vesicles are situated in the true skin, and have a hard base, while in chickenpox the vesicles are found between the true skin and the cutis and have no hard base. In smallpox the pustules are made up of little cells, communicating with each other, and the skin covering is tough, while in chickenpox there is a single cavity and the coverings thin and easily broken. In smallpox the pustules, at an early date, fill with a serous secretion, which imparts a peculiar smallpox odor, whereas in chickenpox the vesicles never contain anything but a serous, transparent fluid with nobad odor. In smallpox the pustules make their appearance all over the body about the same time, run a regular course, come to maturity about the same time, and begin to shed about the eighth day from the first eruption; whereas in chickenpox successive crops are coming on while some are drying up, and shedding begins in two or three days if vesicles are ruptured, and if not ruptured will always begin by the fifth day. In smallpox the pustules remain whole for six or seven days, while in chickenpox the vesicles will break down in two or three days. In smallpox we have three distinct stages: eruption, suppuration and desiccation, the first lasting about three days and the latter five days each; whereas in chickenpox there seems to be a mixing of these stages, but the disease only requires about eight days to run its course. In smallpox the scales fall off in single pieces, while chickenpox sheds in fragments.

In the mildest cases of smallpox it requires about fifteen or twenty days to finish its whole course, while in chickenpox the severest cases will go through all the stages in eight or ten days at most. An eruption appearing after a severe fever should cause us to suspect smallpox, if the fever has continued three or four days. Remember that chickenpox always is vesicular, while smallpox is always papular and makes its appearance very abruptly.

If, during the first day of the eruption you press with your finger with sufficient force on the eruptions in chickenpox they will entirely disappear, while in smallpox the color and hardness will remain after using the same force.

Having established the diagnosis of smallpox, the next question is the duty of the physician. As for myself I have invariably made it a rule when I find a case of smallpox, to proceed without delay to isolate them, by stopping all communication and vaccinating every person who has been exposed or who lived near the infected house. An exposed person does not necessarily have the poison in his system. It is impossible for us to know the exact time that the poison has been taken up in his system. And should the poison already be in his system, it requires about twelve or fourteen days to undergo the incubation period, whereas we can bring vaccination to the stage of areola in nine days. But should the vaccination not reach the stage of areola before smallpox develops it will do no harm, smallpox will proceed as if nothing had been done. We have the first three days to perfect our vaccination.

Another thing the physician should be careful about, never promise safety from seeing perfect vaccine vesicles, but wait for the stage of areola to develop. Such false promises have often discredited vaccination. Smallpox in an unmodified form has often developed in people with perfect vaccine vesicles, when the correct explanation was, that the vaccination was performed a little too late. The result in such cases is death, where vaccination was performed while smallpox had passed the third day of incubation. A want of knowledge of these facts will compromise the standing of a physician and place the record of death in the wrong column.

I am convinced from personal observation that ignorance and carelessness on the part of physicians have done a great deal to discredit vaccination. I have been reliably informed that some physicians are so ignorant and filthy as to use saliva from their mouths to moisten the points while vaccinating. Such acts are criminal, and

from them result the fearful arms that we meet with, and cause the people to say they had rather have the true smallpox. We should never vaccinate without first sponging the arm with sterilized water and have sterilized water to moisten the points before applying them. A vaccinating instrument is not necessary. The ivory points are as good as anything with which to abrade the surface, using a separate one on each arm. Avoid vaccinating on the lower limbs, there is too much motion of the muscles in locomotion. Have the patient to report on the fifth or sixth day for inspection. If the vesicles are perfect, no sign of any infection being present, you can safely say the vaccine was pure, but if the vesicles subsequently become injured and infection results it cannot be charged to impure lymph.

AGE FOR VACCINATING.

The best age is from one to two months, and then revaccinate at puberty, or earlier if smallpox is prevalent.

The manner of disinfecting is by no means a trivial affair. Dr. Cyrus Edson, chief inspector of health department New York City, gives the statistics of the disinfecting corps of his city which satisfies me that there must be virtue in sulphur dioxide. Several hundred houses were in this manner disinfected and not a single case developed in the houses although immediately occupied. They aim to burn about 3 pounds to every 1,000 cubic feet of space. The manner of using it is to put the sulphur in a flat iron vessel and let it rest over some vessel containing water, pour over the sulphur about 4 or 6 ounces of alcohol and ignite. Have the rooms well closed for two hours. This amount of alcohol will generate about 50 quarts of steam which assists in carrying the sulphur to all parts of the building.

In the country where the smallpox has been raging during the winter, in addition to the above I have had all the beds burned, and all the bed clothes and wearing clothes boiled in a solution of bichloride mercury \mathbf{T}_{0000}^{-1} and all the floors and furniture scrubbed with the same, and so far have heard of no case having developed in said houses.

The object lesson we have had in our State during the last year should arouse every intelligent person, physician and layman to a sense of duty, and let them go to work now, and try and get the next general assembly to enact such laws and make such provisions as the exigency of the case may demand in dealing with epidemics in the future. Your board of health has been hampered for the want of funds and the want of statutory laws to enable them to enforce their mandates. Give the State board of health the requisite funds and the power to enforce their orders and there will never be another epidemic of smallpox in the State to last a whole year. We must have had at least 2,500 cases in the State during the last twelve or fourteen months. Ten per cent of deaths would give us 250 deaths in one year, and our parsimonious legislature only appropriated \$1,000 a year. Counting each individual death at the pitiable sum of \$10 each, you see readily what the State has lost. We make appropriations to invite immigration to our State, and are too negligent, or too ignorant of the demands of the age, to make suitable provision for caring for the population we already have.

It is not only the right, but the duty of the State to act for the good of the public in matters of health as well as education. Compulsory vaccination should find a place in the statutes of every State. This is a subject that reaches beyond a personal question and affects the interest of every community. Let the antivaccinist cry out interference with personal liberty; they are either not honest or are ignorant. They should learn of the millions swept away annually by the ravages of this monster, the untold suffering and the thousand of eyes sacrificed to its insatiate law, and the poor subject left to the clod charities of the world, without even the pleasure of "looking through nature up to nature's God."

The successful revolutionary leader is always worshipped as a hero. The patriot who serves his country faithfully is idolized, his very name brings forth responsive echoes from the hearts of the people, but where in all this world's history is there a name that should bring forth such universal adoration as the name of Edward Jenner? To him we are indebted for the unprecedented progress of the world during the present century. I feel that it is a crime for any State in this the latter part of the 19th century to have an epidemic of smallpox raging within its borders for a term of twelve months. Let

us honor the memory of Jenner by accepting his priceless gift to the world and thereby honor ourselves, and prove to the world that we are an integral part of the enlightened 19th century.

Puerperal Septic Conditions—How to Prevent Them; How Best to Treat Them when They Occur.

BY W. N. YATES, M. D., FAYETTEVILLE.

[Read before the Washington County Medical Society.]

In meditating upon this subject one cannot help contrasting the present state of the accoucheur's art with its status some twenty-five or thirty years ago.

When a student of medicine I read one of the earlier editions of Cazeaux.

Puerperal fever was treated of *in extenso* in this work as a disease *sui generis*, and I remember, with a shudder, the startling announcement that its mortality was about 33½ per cent of all cases attacked.

The most intelligent physician of a quarter of a century ago had no conception of its etiology, and for this reason treatment availed little or nothing, and the unfortunate victim of sepsis regained health, if at all, after a grave illness protracted over weeks or months.

The late Fordyce Barker was the last great exponent of the false theory that puerperal fever is a distinct entity, and doubtless his book is remembered, and has been read by most of the older physicians present.

With the advent of Listerism and the germ theory of disease, the profession was not slow to seize upon the true etiology of puerperal diseases due to sepsis. New editions of works on obstetrics were hurriedly brought out, and the chapter on puerperal fever entirely rewritten, and from a different standpoint etiologically.

Pari possu, with the advance in our knowledge of the causes of diseases incident to puerperium has been the advance in their pre-

vention and treatment. Puerperal septicæmia must always be due to the introduction into the blood of organic germs or their products. In a large majority of cases their introduction is chargeable to the unclean hands or instruments of the accoucheur. To be sure, we are occasionally called to attend a woman who has had a former attack of sepsis, the products of which have remained encapsulated in a diseased tube or broad ligament. The violence of labor may force the contents of a purulent tube out of their encapsulating environment, only to light up afresh a septic inflammation. The books denominate these cases autogenetic, in contradistinction to those cases in which the poison is introduced from without. Strictly speaking, no case is autogenetic. The leaven of sepsis has in every case come from without, either recently or remotely, but in the class of cases called autogenetic the peccant germ has, chrysalis-like, remained quiescent for weeks, and possibly years. Fortunately the so-called autogenetic cases are very rare.

The question of the prevention of puerperal septicæmia becomes one of securing absolute asepsis. This is an ideal condition impossible of attainment in every case. The man who can approach nearest to it is the man who will have the smallest number of septic cases during labor.

On taking charge of the lying-in woman, and before any examination is attempted, the accoucheur should insist upon the genitals being thoroughly scrubbed with soap and warm water, and the patient put to bed in clean linen. This is all the more important among the poor, who give less attention to personal cleanliness.

The physician should insist upon making the rule absolute. Of course, the medical attendant in the meantime will thoroughly scrub and disinfect his own hands. Strict attention to asepsis must be maintained throughout the labor.

"Cleanliness is next to godliness;" in medicine it is a part of it. Should instrumentation become necessary, the whole genital track and vulva should be thoroughly douched with a bichloride solution 1 to 3,000, or creoline 1 to 60. After labor is terminated the vulva should be again thoroughly cleansed, and then covered over with a cloth or pad rung out of hot sublimate solution, and this held

in place by a T shaped bandage. This should be changed as often as it becomes saturated with the lochial discharges.

This much as to prevention of puerperal sepsis.

The treatment will vary somewhat, according as we have a septic metritis, a pelvic peritonitis, or a general peritonitis.

Upon the first suspicion of sepsis the vagina and uterus should be carefully examined. Should there be no evidence that infection has invaded the uterine cavity, an occasional antiseptic vaginal douche will meet the indication. However, in most cases we shall find the uterus already invaded by the poison. In that event the antiseptic solution must be carried into the uterine cavity.

Various tubes have been invented for this purpose. A convenient and ready method of giving an intra-uterine douche is to take two medium sized soft rubber catheters (new ones), attach the nozzle of the syringe to one, the other affording an outlet for the return current. The woman should be either in the Sims' position or, perhaps better still, in the lithotomy position. The uterine douche, except where it is given for hemorrhage, should never be given very hot nor very cold. In either case it is liable to produce collapse, or what is worse, produce a tetanoid condition of the uterus, thus imprisoning the infected contents within the uterine cavity.

Still more disastrous results would follow should uterine contractions force infected products out through patulous tubes into the general peritoneal cavity. Every practitioner of medicine should bear in mind the baneful consequences that sometimes follow hot intra-uterine douching.

If the physician has reason to believe the infected uterus contains shreds of membrane, portions of placenta, or even decomposing blood clots, the dull curette should be called into requisition.

In the event puerperal peritonitis has set in, the attendant must choose between two diametrically opposed methods of procedure. The old method was to administer opium to the extent of arresting peristalsis and relieving pain. This method still has its advocates, notably Dr. Garriques, of New York City. The majority of abdominal surgeons, however, follow the teachings of Lawson Tait, and admin-

ister saline cathartics to the extent of producing eight or ten watery evacuations from the bowels inside of twenty-four hours.

It is claimed for this method that it will relieve the pain nearly as promptly and quite as effectually as morphine. It may be further said in its favor that it usually controls emesis, a very annoying symptom of septic peritonitis, and one of no mean gravity. After the watery evacuations of the first twenty-four hours, the bowels may be held at two or three movements per day.

In many of these cases high temperature deserves some special mention.

And right here I want to condemn once for all the whole list of coal tar derivatives in septic conditions. Their effect is bad, only bad and always bad. The most that can be claimed for them is that they enable the patient to die with a normal or subnormal temperature.

The cold pack or preferably tepid sponging is infinitely better to combat high temperatures. Not only does it reduce temperature. but it strengthens and tones up the heart, the organ whose vital energies so often fail in the battle of the organism with sepsis and septic products. Quinine in moderate doses, given during the intermissions between febrile exacerbations, is worthy of consideration.

Strychnia, pushed well up to the physiological limit, will afford great aid in sustaining the heart's action.

Of late years the question of abdominal incision and drainage in purulent peritonitis has been raised.

The operation, however, requires thorough preparation and a high degree of technical skill, and unless well done had better be left undone.

Cataract Operations on Animals.

Although cataract is not uncommon in the lower animals, operations for its successful removal are rarely reported. Cunier reports that both he and Brogniez (a veterinary surgeon) have done successful operations upon horses and other lower animals. Randolph operated on a young pointer dog entirely blind from cataracts, by discission in both eyes. In three weeks the pupils were entirely cleared and sight was fully restored. The dog was taken on a hunt, and proved as efficient as ever.—Annales d'Oculistique.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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PUBLISHED MONTHLY.

Price, \$1 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the JOURNAL

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. J.

H. Lenow, Little Rock, Ark.

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The Journal of The Arkansas Medical Society, III E. Fifth St., Little Rock, Ark.

VOLUME VI.

MAY, 1896.

NUMBER II.

Editorial.

The Fort Smith Meeting.

The Arkansas Medical Society has never had a more successful meeting than the twenty-first, which was held at Fort Smith, April 29, 30, and May 1, 1896.

It was to be expected that the first meeting under the new constitution might be mildly "confusional" (to borrow a word from the alienists), but never did a deliberative body conduct business and scientific discussions in a more systematic and orderly manner.

The attendance was all that could be expected (nearly one hundred) and the number of new members admitted was more than thirty. It was particularly noticeable that the younger members of the profession were largely in the majority. It has caused remark at many former meetings that the younger physicians were not as numerous as they should be, and did not seem to be taking the interest in medical organization which insured the perpetuation of our society. It is indeed a healthy sign when the new blood is beginning to flow in the veins of our organization.

Many old and familiar faces were to be seen in all parts of the assembly, but it would require a careful search of the minutes to tell how old some of them were, because their interest in the proceedings was as vigorous as the youngest and their enthusiasm as ebullient as when they attended at the birth of the organization in 1875.

With the older members to coach and the younger willing and anxious to learn, there can be no doubt concerning the growth and perpetuation of the Arkansas Medical Society.

The faithful worker was there who had to ride over rough mountain roads more than 100 miles to reach a railway, while passive members within an hour's ride in a palace car were, in some instances, conspicuous by their absence.

All the time allotted to section work was occupied in reading and discussing interesting papers.

The officers elected insure a year of unexampled prosperity to medical organization in Arkansas.

The entertainments have never been surpassed in elegance and numbers during any previous three evenings in the history of Arkansas.

Editorial Notes.

The faithful treasurer of the society, Dr. Breysacher, who was the only officer in continuous service since the organization of the society, was unavoidably absent, and therefore according to the constitution ineligible to reëlection. No society ever had a more obliging and industrious officer to fill such a thankless position. It was a spontaneous and hearty return of thanks that was given him by a rising vote on motion of the venerable first president of the society.

The office of treasurer is the strictly business position in the gift of the society. The new treasurer, Dr. Lenow, is eminently fitted for the performance of his duties and will conduct the office in a proper manner. The members of the society can materially contribute to the thickness of his hair and the length of his years by cheerfully complying with the constitutional demands with respect to the payment of dues.

For years it has been contended that the annual dues were too high at \$5 and that a reduction would result in an increase of membership and the prompter paying of the obligations due the society. Last year the dues

were reduced to \$3, decreasing thereby the receipts 40 per cent, with no corresponding benefit whatever, but on the contrary a serious crippling of the society. The same members who have been in the habit of paying dues of \$5 remitted as usual, while those whom it was thought would be willing to pay a less sum were just as delinquent as ever. With all the hard times and their consequent disaster to doctors, it is safe to say that not a member of the society who is delinquent is so from real inability to pay. It is from negligence, or indifference as a rule, and an examination of the treasurer's books will substantiate this assertion. By a unanimous vote the constitution was amended so as to make the dues \$5.

However this amendment cannot be retroactive, consequently its influence will not be felt until next year. All who owe for last year should remit the \$3 promptly and avoid all unnecessary correspondence.

Exophthalmic Goitre.

Copenhagen believes this disease is of more frequent occurrence than is commonly imagined, since generally diagnosis rests upon the three well known classical symptoms that are present only when the malady is well advanced. Early or abortive cases, he holds, are readily relieved. He further remarks the origin of the affection is in hypertrophic processes set up in the thyroid gland—the pathological antithesis of myxædema—that often, in women, are corelated with uterine affections, especially during first pregnancy; nervous shock is also a frequent cause.—Hospitals Tidende.

The Arkansas Medical Hociety.

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Section on Obstetrics and Gynecology-E. R. DIBRELL, Chairman, Little Rock; K. A. Mc-INTOSH, Secretary, Beebe.

The Place of Meeting-Little Rock, Ark.

The Time of meeting-Second Tuesday in May, 1897.

The Next Meeting of the Society.

Tuesday, May 11, 1897, has been designated as the time for the meeting of the society next year.

It has been the practice to arrange our meetings just prior to those of the American Medical Association so that delegates to the national association could attend both meetings with only one absence. The meeting of the American Medical Association for next year has been fixed for the first Tuesday in June. This is rather late for our climate and the summer sickness begins here about that time. So that all things considered about the middle of May is the best time for our meeting.

Minutes Next Month.

The minutes will be published in the next issue of the JOURNAL. It has not been possible to get them in proper shape for this month.

Influence of Climate on Menstruation.

From a careful study, based upon over 3,000 patients between the ages of 10 and 19 years, I have arrived at the conclusion that the reason why girls in tropical countries menstruate at a relatively earlier age than Europeans is not the influence of the climate but of too early sexual excitement.—*Joubert, in Indian Medical Gazette*.

County Hocieties.

Roster of County Societies.

COUNTY. MEM'S PRESIDENT. SECRETARY. MEETING PLACE. STATED MEETINGS.
Achley 5I. J. Newton, J. W. Simpson, Hamburg
Benton
Boone
Carroll andR. P. Moore L. W. Weaver Eureka SpringsOak Grove Eureka Springs Eureka Springs, Quarterly.
Garland
Independence23T. J. Woods, J. W. Case, Batesville
Jackson15J, M. Green J. M. Jones NewportNewportNewportMonthly,
Jefferson30J. W. Withers J. P. Runyan Pine BluffPine BluffMonthly.
Lawrence14N. R. Townsend Albert Thornburgh Black Rock SelectedMonthly.
Mississippi 5W. R. Harrison, C. A. Turner, Bardstown Osceola
Phillips
PopeL. T. Ragsdale, J. A. Westerfield, Pott's Station Atkins
Prairie 8F. A. Hipolite, J. R. Lynn, DeVall's Bluft Des ArcDes ArcAnnually.
Pulaski
Saline
Sebastian26E. G. Epler, J. D. Southard, Fort Smith Fort Smith Fort Smith Fort Smith
Washington John Young, T. W. Blackburn, Springdale

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the Journal in completing the roster of county medical societies.

Saline County Medical Society.

The medical society of Saline County met at the courthouse and elected the following officers: President, Dr. D. N. Fisher; vice-president, Dr. J. M. Phillips; secretary, Dr. Dewell Gann; com-

mittee on credentials, A. J. Graham, L. L. Quinn, Dewell Gann, they are also committee on by-laws; committee on exercises, A. J. Graham, J. M. Phillips and L. L. Quinn. Members present, Drs. D. N. Fisher, J. M. Phillips, L. L. Quinn, A. J. Graham and Dewell Gann. Dr. J. W. Walton's name being presented, he was elected to membership. This society shall be called the Saline County Medical Society and the meetings shall be held at the courthouse the first Monday night in each month at 7:30 p. m. Dr. L. L. Quinn is to read a paper on diarrhoea and Dr. D. N. Fisher to read a paper on so-called slow fever at the next meeting. Delegates elected to State medical society, to be held in Fort Smith April 29, Drs. A. J. Graham and Dewell Gann. The society earnestly requests that all regulars become members. There being no further business the society adjourned until our next regular meeting.

Dewell Gann,
Secretary.

Mississippi County Medical Society.

The Mississippi County Medical Society reorganized May 5, v1896, with the following members, viz:

Drs. T. J. Brewer, R. C. Prewitt and Chas. G. Turner, of Osceola; Dr. W. K. Harrison, of Golden Lake, and Dr. D. M. Deenn, of Barfield.

Dr. W. K. Harrison was elected president, Dr. T. J. Brewer vice president, and Dr. C. A. Turner secretary and treasurer.

Drs. R. E. Prewitt, T. J. Brewer and C. A. Turner were appointed as a committee to revise the old constitution and by-laws of the society.

On motion, the meeting adjourned to meet the first Monday in July, 1896. W. K. HARRISON, M. D.,

President.

CHAS. G. TURNER, M. D.

Secretary and Treasurer.

Belected Article.

Limits of the Art of Surgery.

From the masterly address of Dr. Nicholas Senn before the American Medical Association at Atlanta, the following extract relating to the onslaught of modern surgery upon the organs of generation. The whole address ought to be read by every physician and surgeon in the land. Dr. Senn said:

"The greatest onslaught of modern surgery has been upon the organs of generation, male and female. It is somewhat strange that the organs created for distinguishing the sex and for the increase of the human species should have been singled out as innocent objects of so-called modern aggressive surgery. The future historians who will record the work of many gynecologists belonging to the present generation will have reason to express their surprise at what disasters the art of surgery has produced when plied in cases far in advance of a scientific foundation. Here and there we hear a feeble voice protesting against the indiscriminate surgery upon the organs of generation of the opposite sex, but the mutilating work continues in spite of such opposition and well-meant advice. Every competent and honest gynecologist knows that in his sphere the art of surgery has been thoroughly abused. It is difficult to assign tangible reasons for such a fearful state of things. It appears to belong to the spirit of the present generation, the outcome of ceaseless unrest in pelvic surgery. When I arraign the gynecologists before this body composed of representative medical men of this country for innumerable and inexcusable transgressions of the rules which ought to govern and control the art of surgery, I do not include the scientific, honest, conscientious workers in that department of surgery, but my remarks will apply to a class of routine operators which has recently grown to alarming dimensions not only in this but in nearly every country which has been penetrated by the dim rays of so-called bold surgery. It is a subject that I would gladly pass over in silence, but you have imposed

upon me a trust which I can not ignore and I stand here in the capacity of the conservative element in these days of wild, unfounded surgery to place myself on record in protesting against the unnecessary mutilation of the sexual organs of either sex, willing to stand or fall by the sentiments of the great mass of general practitioners, which after all must be regarded as the backbone and final tribunal of our profession. The new generation of doctors finds no longer satisfaction in practicing their profession in some rural district. The young practitioners have their eyes on large cities and have heard of enticing fees paid to specialists for insignificant operations. Why buy a horse and saddlebags when a fortune awaits them in devoting themselves to a specialty, more particularly gynecology? The recent graduate or the man who has become disgusted with country practice seeks a much employed gynecologist, follows his work for a month or two and returns to his prospective field of labor a full-fledged specialist. He is now ready to extirpate the uterus, remove ovaries and Fallopian tubes, sew imaginary lacerations of the cervix and perineum. Do you suppose that such an aspirant for gynecologic fame ever examines a woman and finds her perfect? Is it not true that in nine out of ten cases he finds something to mend? That my views are real and not visionary let me relate a few instances. A number of years ago a young lady accompanied by her grandmother applied to me for treatment for a neurasthenic affection. I was informed by the grandmother that a few days before they had consulted a young gynecologist who made a hasty vaginal examination, looked wise and informed them that he had found the source of all trouble in the form of a laceration of the cervix, which would require an operation. As a matter of course the grandmother asked for an explanation of the injury and was promptly informed that it was one of the common accidents of childbirth. As the patient was unmarried and had never been pregnant this explanation proved unsatisfactory to the interested parties and no arrangements were made for the prospective trachelorrhaphy—upon a virgin uterus. Not long ago an unmarried woman came under my care who had been told by an ambitious gynecologist that she was suffering from a myoma of the uterus which would necessitate a vaginal hysterectomy. I found a sharp anteflexion, the anterior wall of the uterus being prominent and somewhat edematous had been mistaken for a tumor and nothing short of a hysterectomy would satisfy the operator. This patient recovered under conservative treatment without the loss of an important organ. The cases which I have just cited escaped mutilating operations by doubting the diagnosis of those to whom they first applied for treatment; others are less fortunate. Suffering woman will believe in and submit to almost everything. In fact it has become almost a fashion for women. suffering from real or imaginary affections of the genital organs to consult a gynecologist as regularly as her dentist or dressmaker. Not long ago a girl 18 years of age was brought to me with the information that she became epileptic when 7 years of age, that later, when menstruation was established, the attacks never occurred during the menstrual period, and yet both of her ovaries were removed by a gynecologist. As could be expected, the epilepsy remained and when I saw her she was on the verge of insanity. Time does not permit to cite additional illustrations showing criminal trespass upon the legitimate limits of the art of surgery in the treatment of real or imaginary ailments of the female organs of generation. Every practitioner has seen such instances as I have cited above. Has humanity been the gainer since the gynecologists became surgeons? This is a timely and serious question. Is the average woman who has passed through the hands of one or more gynecologists physically and mentally in a better condition than our mothers of fifty years ago, whose ovaries were safe and who knew but little about speculums and vaginal douches? Let the older members of our association answer this question. When the venerable and distinguished Emmet devised his operation for laceration of the cervix he pointed out clearly what conditions called for and were benefited by trachelorrhaphy. The operation was received with enthusiasm and everyone present here knows how much it has been misapplied. It is safe to assert that not one in ten cases that have been operated upon was the operation justifiable or proved of any benefit to the patient. Emmet's teachings and practice were in consonance with sound pathologic principles but hundreds of imitators were less discriminating in the selection of cases, and performed the operation simply because they found a laceration of the cervix, irrespective of the existence of symptoms which could be referred to this condition. Laceration of the perineum is another favorite subject of the "amateur" gynecologist. The extent of laceration and the symptoms caused by it are not always taken into careful consideration in deciding upon the propriety of an operation. To "do a perineum" in five or seven minutes still serves as an attraction for the lookers-on in many private hospitals and gynecologic clinics. I fully appreciate the value of a well-performed perineorrhaphy in proper cases, but I am equally well satisfied that the operation has often been performed unnecessarily, and that it requires more than five or seven minutes to perform it properly. The late lamented Robert Battey opened a wide field for operative gynecology. This modest, honest worker conceived the idea that the removal of the normal ovaries would become a useful surgical resource in the treatment of certain nervous affections which before had baffled the skill of physicians. It required some time and the additional support of Hegar and Tait for his views to become popular among his colleagues. Battey lived long enough to learn that his example and teachings have created a wave in the misapplication of the art of surgery which to-day remains mountain high, and it is difficult to tell where it will end or where a rock sufficiently high and strong will be found to break its force. The frequency with which women are being castrated to-day is one of the most flagrant transgressions of the limits of the art of surgery. It is not unusual for one operator to exhibit from five to six normal ovaries as the result of half a day's work. All kinds of excuses are made for this kind of surgery. The ovaries are too large, cirrhotic, cystic, or perchance a ruptured Graafian follicle is discovered, when he consoles himself that he has removed an apoplectic ovary. Where is this wholesale unsexing of our female population going to end? The beginning of the end has come. The army of women minus their essential organs of generation is beginning to raise its voice against such mutilating work. The number of women who willingly sacrificed their ovaries to restore their shattered health without securing the expected relief has increased to an alarming extent. This sad experience has made the gynecologists more desperate and bold. They have been importuned by their castrated, tubeless patients to such an extent that the art of surgery was

again resorted to. The uterus, which heretofore had been comparatively safe, was now selected as the offending body, and vaginal hysterectomy became at once a popular operation. Many atrophic uteri remaining after removal of their appendages have been removed in a vain hope of securing permanent relief. Vaginal hysterectomy for diseases other than carcinoma is now at its height. The uterus is being removed for hypertrophy, endometritis, flexion, version and minute myofibromata. This important organ is no longer safe if it is in the vicinity of a pelvic abscess. Perchance a healthy uterus is removed under the pretense of securing a more direct route to a focus or foci of pelvic inflammation. It is needless to say that most of the surgeons who clamor for the removal of the uterus through the vagina for insignificant affections or inflammatory lesions of adjacent parts, do so by the use of compression forceps. It is no great surgical feat to squeeze out an inflamed or displaced uterus between compression forceps. It is difficult to say where this rage for the removal of the female sexual organs will end or what organ will be the next battle ground for the aggressive gynecologists. The clitoris, the vagina, the cervix uteri, the ovaries, the Fallopian tubes, the uterus and its ligaments have successively passed through a trying ordeal of the furor operativus. What the next fad will be is impossible to foretell. As one operation after another is falling into a well deserved desuetude new ones will have to be devised to gratify the whims of the patients and the ambitions of the gynecologist. I have portrayed to you only a few of the excesses of the art of surgery as applied to the female organs of generation, but enough has been said to show you that it is time to call a halt. Further depredations can best be avoided by the general practitioners to whom most of the patients first apply for relief. Let them do their duty toward their patients. Many of the minor affections of the uterus and its appendages are within the reach of intelligent general and local treatment without a recourse to the knife. If gynecology is to live and become a real benefit to women suffering from pelvic disease, it must become more conservative. We all appreciate what surgery has done in prolonging life and in mitigating suffering in the treatment of ovarian cysts and the removal of the uterus, the seat of symptom-producing myofibromata. What I am objecting to, and on good ground, is the undiscriminate operating upon the female organs of generation for imaginary or insignificant affections. This is an evil that must be apparent to all and that the leaders of gynecology must assist us to suppress.

I cannot dismiss the subject of genital surgery without making a strong plea in favor of conservatism in the treatment of prostatic hypertrophy. A few years ago J. W. White made a series of experiments on dogs which proved that the testicles possessed an influence which, to a certain degree, controlled the nutrition of the prostate gland. His experiments were made on dogs, the animals being vigorous and in full possession of their sexual power. He found that castration was constantly followed by progressive atrophy of the prostate gland. At that time he timidly suggested that castration in cases of prostatic hypertrophy might possibly prove to be a valuable surgical resource in the treatment of urinary obstructions due to such a cause. About the same time Ramm gave the result of his clinical experience, covering about the same ground, urging the utility of castration as a legitimate surgical procedure in the treatment of nonmalignant obstructive enlargement of the prostate, a condition so frequently met with in men advanced in years. You are familiar with the subsequent history of this operation. Numerous operations have been performed in different countries which appear to support the claims made for it by both of these investigators. The operation has been modified in substituting for the castration section or resection of the vas deferens, and recently neurectomy of the spermatic nerves; both of these procedures are said to produce the same curative effect as castration. A sufficient clinical material has accumulated to prove that these different procedures frequently result in diminution in the size of the prostate and that the symptoms caused by the obstruction often diminish or disappear.

I can readily understand in what manner emasculation in young animals and young and middle-aged men should be followed by atrophy of the healthy prostate gland. Castration of women during active sexual life will bring about atrophy of the uterus as a constant result. Clinical experience has also shown that the anticipated menopause effected by castration has a decided effect on the myomatous uterus. But who would think of castrating a woman who has reached the menopause for such an indication? It is very difficult to understand how castration or its substitutes performed on men advanced in years, with atrophic dormant testicles should exert such a positive influence upon an organ, the seat of a senile affection. And yet, the

fact remains that many reliable men have observed such results, and we can no longer doubt them.

What I fear, and the reason I allude to this subject, is this, that castration of aged men for hypertrophy of the prostate, when this operation becomes common property and is indorsed by surgeons who stand high in the estimation of the profession, will be misapplied in the same way, fortunately, probably to a lesser extent than the removal of normal ovaries. Men will be castrated for stone in the bladder, chronic cystitis and malignant disease of the bladder. It is not always easy nor possible to make a positive differential diagnosis between simple hypertrophy of the prostate and some of the conditions which similate it so closely. In doubtful cases it appears to me it would certainly be advisable to make the diagnosis sure by a supra-pubic cystotomy before resorting to a mutilating operation, rather than remove the testicles and later discover a tubercular bladder or encysted stone or malignant disease of the bladder or prostate. Castration is such an easy operation that every tyro in surgery will be tempted to perform it upon willing subjects suffering from obscure affections of the bladder, complicating hypertrophy of the prostate gland. The Ramm-White operation deserves a fair trial at the hands of competent surgeons, in well selected cases, but I apprehend evil in the future, not so much from the proper use as the abuse of this procedure. In short, it is probable that this new surgical resource, which has not yet passed the trial stage of a legitimate established surgical procedure, will on a smaller scale become a repetition of the unenviable history of castration in the opposite sex. We have every reason to believe that so far the apparently successful cases have found their way into current medical literature, while the cases in which the operation has proved a failure, with few exceptions, have for apparent reasons not been published.

Gentlemen: It has been my purpose to call your attention in the brief time allotted to the delivery of this address to some of the limits of the art of surgery and to a few of the most flagrant prevalent trespasses of its legitimate limits by indiscriminating surgeons. I wish time would permit me to say something of the too frequent recourse to the recently revived operation of symphyseotomy and the unwarranted procedure known as Porro's operation, except in cases in which the uterus is the seat of a life-threatening affection, some of the evil results following the too frequent performance of ventro-fixation

of the retroverted uterus, and many other topics in general surgery and gynecology to which no allusion has been made, where the limits of the art of surgery have been ignored, and too often reckless operating has disgraced the fair fame and reputation of our noble profession. Let us have in the future more of the nil nocere in place of the furor operativus. I have written and delivered this address with malice toward none, in the interest of the suffering portion of our population, for the true advancement of the science and art of surgery, and as a plea for recognition of the good work done by the great mass and backbone of our profession, the modest, toiling, inadequately remunerated general practitioner.

Osler on the Abortive Treatment of Typhoid Fever.

In one of the most admirable addresses ever delivered before the American Medical Association, Dr. Wm. Osler, of Baltimore, thus criticizes the so-called abortive treatment of typhoid fever.

It is time some one was calling for the advocates of the Wood-bridge treatment to make their claim "more specific," as the lawyers say, or to be very much more painstaking in their diagnosis. The following is taken from Dr. Osler's address:

"I must claim the privilege of a faddist to abuse roundly other faddists who do not swim in my puddle. As a strong advocate of hydrotherapy, I take especial pleasure in denouncing as heretics of the worst possible stamp, the advocates of the so-called antiseptic and abortive methods of treatment of typhoid fever. I would place the man who does not for this purpose also give a purge, in a limbo just a little less hot, as he probably does a little less harm. It galls my kibe, too, to think that the heresy is spreading, and scarcely a week passes in which I do not receive a temperature chart of some case of typhoid fever which has terminated spontaneously, on the twelfth or fourteenth day, as a triumphant demonstration of the value of drugs which, from my point of view, might as well have been given per cutem in the tub. At present I am so wholly abandoned to

cold water practices that I confess to be anything but an impartial critic. Still, intestinal antisepsis is not a matter of typhoid fever patients only, and now that the glamour with which Bouchard invested the subject is fading, we are getting to hard common sense views on the question. Two facts—the two grains of wheat in the two bushels of chaff—which you can winnow from the whole complex literature to date about antiseptic medication, are: First, that in such a disease as cholera, in which the germs thrive and grow directly in the bowel, is a failure; and second, the impossibility of destroying experimentally germs in the bowel by any antiseptic administered per os in harmless doses.

The advocates in this country for the abortive and antiseptic plan of treatment must bring forward a much stronger body of evidence than has been presented, and in a much more rational way, before they can hope to carry conviction to the skeptic. Indeed, more than this, they must not regard themselves as exempt from the common rules which are recognized everywhere in modern medicine as essential. If they have a jewel, why, for pity's sake, ruin it in the setting? I have no hesitation in characterizing the papers which have appeared in the Association Journal on the question as a heterogeneous jumble, entirely unworthy of the best traditions of the profession; unworthy of a subject connected in this country with the names of Bartlett, Gerhard, James Jackson and Flint. I am not one to cry: Can any good come out of Nazareth? Nor do I hold that all wisdom is in the professorial corps. Jenner was not a professor, nor was Sims; nor am I so blinded as to suppose that we come to the end of our wisdom in the treatment of any disease; but I do insist that the advocates of any special line of treatment should, at any rate, advance their claims with some regard to the intelligence of their readers, with some regard to the ordinary rules which regulate sane men in the presentation of a subject. To assert an abortive treatment of typhoid in a case in which on the thirteenth day of the illness, and on the seventh of the treatment, a patient died of intussusception, "cured of his typhoid fever on the seventh day of treatment," so it is stated, when the autopsy showed "the characteristic and extensive ulceration of Peyer's patches and tumefied glands," is to talk a language unintelligible to an educated medical man, and is nothing short of midsummer madness. Then follows the extraordinary remark: "The history and pathologic specimens prove conclusively that one case of typhoid fever was aborted. Ab uno disce omnes!" Such a conclusion would insult the intelligence of a first year medical student. To speak of a case of typhoid fever as aborted, which shows on the thirteenth day ulceration of the ileum and tumefied mesenteric glands, dams, in my opinion, the whole plan as a therapeutic fake of the very first water. Ab uno disce omnes! Another piece of evidence is mentioned in a case in which the disease was so far aborted as to enable the patient to sit up and eat beefsteak on the tenth day. He remained well for fifteen days. and then, mirabile diciu, this aborted fever had the audacity to relapse! The advocates of the abortive and antiseptic plan, must: First, learn what it is to abort a disease; second, familiarize themselves fully with the clinical history of the milder types of typhoid fever; and, third, present their reports of cases in a manner worthy of the subject, giving details which shall enable any one to deduce his own lesson. I honor, Mr. President, enthusiasm, and respect honest conviction, but when principles are at stake which involve the good name of my colleagues and of my profession, and still further when in my judgment the lives of patients are placed in hazard I hold it better to speak out plainly than to maintain a supine, though more easy, silence.

Emigration of Intestinal Worms During Fevers.

Intestinal worms, particularly ascarides, if placed in water of 45° to 68° F., become stiff, curved, or coiled up, and insensitive to external stimuli. If then the temperature be elevated to 98.6° they begin to present slight movements, and if it be increased to 102°, 104° or 106° they become lively and energetic so that their motions seem to be rather a discharge of energy. These movements, though chiefly due to the high temperature, might also be aided by certain morbid processes, as typhoid fever, etc. This increased activity may cause them to traverse intestinal ulcers or to pass into abscesses and thence be evacuated. A worm will not penetrate normal intestinal wall, but if an opening present it will pass through.—Dr. Demateis, in Gazetta Medica di Torino.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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VOL. VI.

JUNE, 1896.

NUMBER 12.

Medical Hociety Papers.

Address on Obstetrics and Gynecology.

BY J. C. AMIS, M. D., CHAIRMAN, FORT SMITH.

[Read at the Twenty-first Annual Session of the Arkansas Medical Society.]

Gentlemen of the Section:

Obstetrics is perhaps the oldest of any of the branches of our profession, or at least the oldest of which we have an account, for from the time when Adam "raised Cain" in the garden till the present moment, obstetrics has been practiced in some way, or after some fashion; but while of a truth we can claim for it the greatest antiquity, it has by no means been the most progressive line along which the minds of the profession have moved; both medicine and surgery have left their sister in the race, and surgery has moved forward with bold and graceful strides till it leads them all, and is to-day the wonder and admiration of the age. From the time the physician began to realize the great benefits humanity was to derive from surgery, he has not failed to lay hold of and use every means that would add to its success.

The ligature was considered a blessing, and anæsthetics a gift from the gods-making it possible to do successfully things not dreamed of before; and with careful, earnest thought and painstaking investigation come an accurate knowledge of the anatomical structure, as well as pathological conditions, and as natural as effect follows cause, come great improvements in instruments and methods. But it would seem that the crowning sheaf was added to the whole when cleanliness and attention to detail was made the motto of the surgeon, and it seems possible for him to do successfully, almost anything that will prolong human life or alleviate its suffering. So completely has he become the master of his art, that only a very few realize that it was ever practiced by any but the most advanced thinkers of the most progressive profession the world has ever known. So thoroughly has he done his work that its importance is forced upon the lawmakers so that they have set about it certain requirements as to qualification before one can be legally authorized to practice this branch.

But while we have laws regulating the practice of medicine and surgery in most every State in the Union, there is not a law in but one (Minnesota), regulating the practice of obstetrics; and anywhere the illiterate and untrained midwife follows her trade and ekes out a living at the fearful expense of human life.

I think it safe to say that more than half the births in this country are attended by the midwife. In New York City, where it is estimated that 50,000 births occur each year, Dr. Rosenburg made an investigation of this subject and found that of the number of births reported, 24.131 were attended by physicians, and 22,720 by midwives. In other words, after making due allowance for births not reported by midwives, they do fully half the work in this line, in this, the very center from which medical knowledge is disseminated in this country.

The same investigator carried his investigations into Brooklyn and found that about the same condition of affairs existed there. Endeavor was made to ascertain the result at the hands of the midwives as to mother and child, and it was found that

quite a large majority of the stillbirths in these cities were accredited to midwives, and the same held good as regards the mortality of the mothers. An estimation of the difference in results in the hands of educated and uneducated midwives may be reached by comparison.

In France and Germany where the law regulates the qualifications and practice of the midwife, we find the per cent of stillbirths in Paris and Berlin to be only 3 per cent, while in New York and Brooklyn it is 8 per cent. In those countries the practice of obstetrics is limited to those possessing certain qualifications; while in this country, with but one exception, (Minnesota), anyone may practice midwifery unrestricted.

I think this is a fine field for medical legislation. The New York *Medical Record*, in commenting on this subject says, "It is strange that such an anomalous condition should exist; and it is far from creditable that we should be so far behind other countries in this most important matter of the protection of the parturient women and their offspring. It is a disgrace to this Commonwealth that no such law is on its statute books."

Think of it! Without any proof whatever of competency, or fitness for the position, the midwife may without question undertake the care of two lives; superintend the perilous passage of one through the parturient canal, and guard the other against the many dangers that surround the puerperal state. On the other hand, without years of preparation the physician cannot assume the responsibility, or even prescribe for the simplest disease.

Dr. Kartwright says, "As the result of an extended experience in New York I have come to associate the name midwife with puerperal septicæmia, for when I am asked to see a case of sepsis I find that nearly all of them have been attended by a midwife.

Can we as physicians draw a lesson from the picture presented that will help us to find out the cause of this most important branch of our profession being so far behind in the march of scientific advancement? But at this point, and before

we ask too much, each of us might ask himself the following questions:

- I. Has our practice been such a marked improvement over that of the midwife, as to methods, as would convince the world of the merits of our superior skill, as is so plainly visible in the case of the surgeon?
- 2. Have we been as careful in the preparation of the case we have been called on to attend in confinement, as we would had they been surgical cases of the same magnitude?
- 3. Have we been as diligent to resort to those means which alleviate the sufferings of our patients and rob labor of so many of its horrors, as we would in a minor surgical operation?
- 4. Have we given the same attention and consideration to details of cleanliness and the comfort and well-being of our lying-in patients, that the surgeon does in the after treatment of his cases?

If so, we have done well, we have given our patients the benefit of science and done much to benefit humanity.

In the matter of original work in this department there has been very little done the past year; in fact, when we think of it there are very few original workers. Some time ago when in correspondence with the learned Dr. Parvin on this subject he wrote me thus: "My impression is there are only a few original workers in this department in the world," and quotes a friend in Berlin who told him there were only two such in all Germany.

The profession has not been idle by any means. There are many men of fine ability who are working energetically, trying to improve conditions which we have before us, and with what success we can best tell by reviewing some opinions of some of the leading thinkers on the various subjects connected therewith.

Pregnancy, or the period from conception to delivery, has been discussed but little; in fact it will admit of but little discussion *per se*, but many of the complications have been thoroughly studied.

The vomiting of pregnancy is about as much a mystery as to its causation and management as it has been for all these years. The same long list of remedies are in use. Dr. J. Larat, of Paris, has been experimenting with electricity in the management of this trouble and reports as follows: He uses the continuous current in the following manner: He applied the positive pole, the size of a five franc piece, made of a plate of tin covered with amadon and chamois skin, to the neck, on the course of the pneumogastrics, by preference to the right. The negative pole of the same material, but the size of the hand, is applied to the epigastrium. The strength used was 15 to 16 milliamperes. He reports the case of a young woman, 20 years old, pregnant for the first time in whom vomiting was so persistent that she could retain no food day or night. After using this treatment for five minutes she took a glass of milk and the treatment continued ten minutes longer. She retained the first milk two hours when part of it was vomited. The treatment was kept up, giving two to three applications each day, the patient continued to improve and at the end of three weeks was entirely relieved.

The complications caused by pelvic deformities and the operations necessary to relieve the same have remained statu quo for the whole year. The subject has been pretty freely discussed but no definite conclusion reached. Some favor premature delivery, others the Cæsarean section, while still others hold that symphyseotomy is the operation best suited to these conditions. There are many who contend that version or perforation is preferable in such cases.

Puerperal eclampsia has been discussed freely but without any light being thrown on the subject. This complication could, I think, be prevented in most, if not all cases, where one has an opportunity to see and study the case; but when, as is too often the case, one is called after the attack is on and there is nothing to do but to meet it, there has been nothing yet brought to our attention more than those measures recommended by our leading authorities.

The subject of extrauterine pregnancy has been discussed pretty freely the world over the past two years, but has, I think, received the most attention by the London Obstetrical Society. The president, Dr. Harman, in his last annual address reviews the work of the year and gives us the following conclusion on this subject:

With regard to abdominal pregnancy he is at variance with the teachings of most of the books, which teach that both primary and secondary abdominal pregnancies do exist and are described as generally recognized varieties of extrauterine pregnancy. In this he says they are mistaken, and accounts for this by the fact that the knowledge of these conditions possessed at that time was almost entirely gained from dissection of dead bodies, and that since the operations on living subjects have so added to our facts that views founded largely on the dissection of cases in which pregnancy had ended in chronic retrogressive changes have had to be reconsidered.

The surgeon who has added most to our knowledge of the subject has expressed complete disbelief in the existence of primary abdominal pregnancy, on the ground that the digestive powers of the peritoneum are so great that no fertilized ovum dropped into it would have a chance of surviving. Still there has been a number of cases recorded which in the opinion of those who examined them, were instances of primary abdominal pregnancy, and most teachers have, I think, hesitated to reject simply on the ground of a prior improbability, a fact which seems supported by evidence.

Dr. Sinclair Stephenson reports a case of ectopic pregnancy to the London Obstetrical Society in which a living child was delivered at term. The president referred to this operation as a remarkable instance of boldness and promptness. The gestation was subperitomopeolvic, the placenta being situated in a hernia-like protrusion of the broad ligaments. In extracting the fœtus the sack was torn and the hemorrhage was terrific, the sack was pulled up and ligatured below the placenta with

India rubber tubing and fixed outside. The patient recovered without a bad symptom.

Of all subjects connected with this department that of parturition and the management of the puerperal state has come in for the largest share of discussion.

As the subject of septic infection, its prevention and management has been the central idea of discussion, it will be my purpose to review the situation hastily and try to give some of the opinions of our leading workers on the subject. While the mortality from this cause has been greatly lessened since the idea of antisepsis and asepsis took hold on the profession, still we all feel that the death rate from this cause is entirely too high.

In reviewing a report of Dr. C. S. Bacon, of Chicago, on this subject, one is struck with the fact that from 1866 to 1885 12 34 per cent of all women who died during the child-bearing period (that is, from 20 to 50 years), died from the preventable disease puerperal septicæmia, but by following his figures up we find that during the last ten years there has been a marked improvement, the number of deaths per each 1,000 women who die during the child-bearing period has decreased from 127 to 73 per 1,000.

I think all are agreed that the thing to be most desired is perfectly clean (aseptic) midwifery; but as to the best method of attaining this there is yet some difference of opinion.

On the one hand there are those high in authority who advise, in addition to thorough external cleanliness, the use of the ante and post partum douche in all cases. This class holds to the idea of self infection, while there is another class of equally as good authority who teach that all infection is from without, and that the douche does not at all benefit the patient, but on the contrary renders her more susceptible to infection by destroying the normal vaginal mucus which of itself acts as a barrier to the entrance of germs.

One of the best presentations of this subject I have ever seen was made by Dr. Chas. Jewett, of New York (A, G, \mathcal{E})

O. Journal, vol. 8, No. 4). He takes a large number of cases from the records of Leopold's clinic at Dresden, and finds that in the four years from 1886 to 1889 inclusive there were 4,584 normal deliveries, carefully douched, with an average of 81 per cent fever free, and the records for the four succeeding years show a total of 4,089 normal deliveries, without the douche, with an average of 92 per cent fever free. Commenting on these figures he says: "This array of clinical facts coming from such a reliable source, and so carefully worked out from such a large number of cases, is entitled to great weight." If we accept them, as we must, they dispose of the question of self infection in healthy women, and they condemn the routine douche as a useless and even injurious practice. That puerperal fever can sometimes be traced to pathological conditions of the vaginal secretions is a matter of common observation. This is frequently true in the presence of gonorrheal infection.

"The existence of a yellowish, greenish or fetid, and especially excoriating discharge, is to be taken as evidence of disease and of the presence of wound infection germs in a virulent condition. In all such cases prophylactic disinfection is indicated. When disinfection is called for on whatever indication, it should be of the kind used in surgical work—soap and hot water, followed by a weak solution of carbolic acid, creoline or bichloride of mercury." This is called for only in cases where we have cause to suspect the existence of infecting germs, but after labor in the healthy woman the condition should be managed pretty much as one would manage a surgical condition. Clean the patient thoroughly, repair all injuries to the soft parts. This matter should always receive careful attention, for no woman should be allowed to go through the puerperal period with a lacerated cervix or perineum, if her condition will at all allow immediate repair.

This done, a dressing, such as would be used in a major surgical operation, should be used and changed often enough to insure a perfectly clean (aseptic) condition of the parts. The apartments used for the lying-in chamber should be quiet,

with softened light, of regular temperature, but so arranged as to admit plenty of fresh air.

GYNECOLOGY, OR THE DISEASES PECULIAR TO WOMEN,

Furnishes a subject, the review of which would occupy the whole time of the section. For this has been (in my judgment) the most rapidly progressive branch connected with the profession.

It has been only a few years since the department of gynecology was recognized by our schools, "The diseases of women were considered a sort of appendage to obstetrics, and was referred to only in a few perfunctory lectures at the end of the term," but since the two have been divorced, the one from the other, the gynecologist has become so familiar with his work that he is looked for and is only to be found in the front ranks of all gatherings of scientific medical men.

Goodell says, in referring to this subject: "Since its recognition as a special branch of medicine, gynecology has grown commensurate with the age, so marked is its advance that all literature treating of this branch of medicine ages rapidly, shortly becoming as obsolete as last year's almanac, which shows what was, but not what is."

As I said before, to enter upon a review of so extensive a work would be entirely outside the limits consistent with the design of this paper, so I will only allude to a few of the many interesting thoughts presented by some of our leading specialists.

Dr. Alex J. C. Skene, in an article read at the meeting of the New York State Medical Society on Senile Endometritis, calls attention to this condition of women who have passed the menopause, which he treats as a separate condition peculiar to women of this age, and as one which is referred to by but a very few authorities. He says that it is liable to be mistaken for cancer, and that he has made this mistake once himself when he began the study of this subject.

This condition may be due to displacement, stenosis, or an old gonorrhea or chronic metritis carried over from middle life. In the matter of treatment he says it will not do to attempt to treat senile endometritis as we would the metritis of middle life, but should rely on correcting displacements if any exist, thorough cleansing with warm water and the use of cotton tampons saturated with boroglyceride and tannin; he also speaks highly of the favorable effects of iodoform in the treatment of these cases, but says that the favorite remedy, iodine and carbolic acid, so often used with good results in treating metritis in middle aged women, should be used sparingly, if at all.

THE SUBJECT OF CANCER AND ITS TREATMENT,

Continues to be one of great interest to every student of pathology, and especially to the gynecologist, but from the present outlook we are no nearer a cure for this dreadful disease, than we have been for a long time. A few years ago we hoped that the treatment by the toxins of the streptococcus erysipelas, would prove to be all that was claimed for it by those who were experimenting with it but experience fails to prove it to be the remedy we are looking for.

I quote some opinions of those who have been using it: Dr. N. Senn says that it has failed in every case in which he has tried it, and not only this, but in some instances the condition seemed to be aggravated by the injections.

Dr. Fenger has used the remedy in twelve cases, in all of which it proved a failure.

Dr. Herring has seen an attack of erysipelas aggravate the condition in one case.

Dr. W. W. Keene says that the remedy failed in his hands in the treatment of carcinoma and sarcoma, except possibly, in one case.

The relation of diseases of the female pelvic organs to insanity in women, which was brought so prominently before the profession by Dr. J. Young Brown of Kentucky, first assistant superintendent of the Central Kentucky Asylum, has received considerable attention by many of our leading specialists, and such men as W. Gill Wiley, Wier Mitchell and Landon

Carter Gray, have found that 25 per cent of the female population of our insane asylums suffer from organic diseases of the pelvic organs, and are demonstrating that many of these poor unfortunates can be entirely relieved by operative treatment. This is a subject worthy of careful consideration, as we are all consulted more or less in these cases before they are consigned to asylums.

Operative work in gynecology has been moving forward with the same rush that has characterized this special branch for the last several years.

In the matter of the method and operation best suited to these cases, there is a difference of opinion—some contending that the vaginal operation is the one best suited to most cases of disease of the the internal female generative organ, as it affords the best drainage and protection against incisional hernia, which it is claimed occurs in a large percentage of cases after abdominal incision.

Dr. W. M. Polk, in a paper read before the Philadelphia Obstetrical Society (A. G. and O. Fournal) says: "After a long experience, I have come to prefer the vaginal route as the most favorable to the patient, while the abdominal route is more favorable to the operator so far as display is concerned.

In discussing the paper of Dr. Polk, Dr. Parvin gave us the following views: "It is my opinion that colpotomy, and more especially anterior colpotomy, is the greatest advance that I have observed for some time." And he says further, that he thinks a new era has come to the profession (referring to anterior colpotomy as a substitute for abdominal section in most cases.)

Quoting Dr. Parvin further: "The first argument against abdominal section, if colpotomy can be employed, is the liability to ventral hernia, caused by the former operation."

Winter has followed up 1,000 cases and finds that with the ordinary method of suturing the abdominal incision 23 to 30 per cent of the operations were followed by such hernia. The second argument in favor of colpotmy is that septicamia is less

liable to occur than if the abdomen is opened anteriorly. It is not necessary to say that these views were not concurred in by a majority of those members of this society who took part in this discussion.

Dr. Joseph Price, and others, claiming that the abdominal operation was easier to perform, better for the patient and in every respect the preferable operation.

Professor Parvin in calling attention to the necessity of saving the ovaries, if possible, in all operations of the internal sexual organs, says: "Professor Simpson, from Sir Spencer Wells' Statistics, has shown that women who have had their ovaries removed are at least six times more liable to cancer than other women, and that in the cases where cancer has supervened, double ovariotomy had been performed in the proportion of 19 per cent, while among the patients that remained free from cancer the proportion of double ovariotomies had been only 7.5 per cent."

Professor Simpson suggested that this tendency to cancerous development in these women might be due to the absence from the system of the ovarian internal secretion.

The plain lesson from the facts adduced is that in all these operations, whether for purulent collections in the tubes, or not, save the ovaries if possible, or at least a part of an ovary. It is an error to say that because the tubes must be removed, therefore let the ovaries be also removed, as we now know that these organs have another function besides contributing to reproduction.

In a very interesting correspondence with Dr. Alex. J. C. Skene, I received the following report of a case of pyosalpinx opening into the intestine and bladder, with subsequent inflammation of the ureter and pelvis of the kidney, which I consider a most interesting case, I include it in the report without any change whatever. I may add, however, that Dr. Skene informs me that this is the most extensive case of the kind he has seen.

PYOSALPINX OPENING INTO THE INTESTINE AND BLADDER WITH SUBSEQUENT INFLAMMATION OF THE URETER AND PELVIS OF THE KIDNEY.

Occasionally in pyosalpinx of long standing an opening into the rectum is formed. Much more rarely is the bladder the avenue through which the pus is discharged. The following is the only one that I have seen in which there was a communication between the intestine, fallopian tube and bladder.

The patient was 22 years old and had been married three years when she became pregnant. At the end of three months' gestation she had a miscarriage produced. Following this she developed septic metroperitonitis that came near proving fatal. The acute symptoms subsided but she continued to suffer from severe pelvic pain and septic fever. About two months after the invasion of her disease she had a very free discharge of pus from the bladder. Up to this time she had to urinate frequently but without pain. The pus continued to be discharged freely with the urine and in about two weeks she began to pass gas in the same way. The sudden appearance of pus, in large quantities, in the urine following an acute pelvic inflammation led conclusively to the diagnosis of pelvic abscess that had opened into the bladder. The presence of gas in the bladder was not so surely accounted for. I suspected that it came from the intestinal canal, but thought that possibly it might come from decomposition and the formation of gas in the abscess sac. The quantity discharged was so large and persistent that I finally concluded that there must be a communication between the bladder and intestine.

By touch examination I found a mass that filled the right side of the pelvis and was firmly fixed. The left tube and ovary were enlarged and fixed in the pelvis by adhesions. I tried to separate the intestines from the pelvic tumor, but that was impossible; they were adherent, evidently, to the mass in the pelvis. This satisfied me that there was a communication between the bladder and intestine.

The patient was emaciated and septic. Her temperature fluctuated, in a very irregular way, between 100 and 103 degrees. Washing out the bladder and instillations of a solution of iodoform in oil relieved the irritation and pain to some extent, but did not affect the temperature. In fact her general health was not helped very much, though every means was tried to get her in better condition for operation.

When the abdomen was opened I found a portion of the intestine adherent to the distended tube, on the left side. This adhesion was dissected off and the opening, a small one, was closed at once with fine cat gut sutures. The opening into the tube was also closed with a fixation forceps. Having the intestine out of the way the condition of things was found to be as follows. The left tube was high up in the pelvic brim and resting upon a small parovarian cyst and below that a diseased ovary, all three being firmly adherent and forming one tumor. Deeper down in the pelvis the right tube and ovary were found walled in by adhesions and fixed to the broad ligament and sac of Douglas.

The left ovary and tube were separated and removed in the usual way. This gave room to separate the tumor on the right from below upwards to the point where the tube communicated with the bladder. The ovarian artery was ligated and the uterine end of the tube also and the whole mass was separated excepting at the sinus running from the tube to the bladder. This portion was ligated as close up to the bladder as possible. The stump was thoroughly cleaned and cauterized. The ligation was done, not to control hemorrhage (the tissue was mostly inflammatory products and not vascular), but to close the fistulous opening in the bladder.

The pelvic cavity was made clean and dry but there were large surfaces left where the adhesions had been and drainage was provided for. After the operation the temperature came down and remained from 99 to 100; the discharge of pus from the bladder was completely arrested and she progressed remarkably well. Three weeks after the operation she was well enough

to leave her bed. Then her temperature went up gradually from normal to 103 and for the following five days fluctuated between 100 and 103. The afternoon temperature was so much higher than the morning that I suspected some miasmatic cause for it, as there were no indications of trouble in the pelvis or abdomen. Quinia was tried at the beginning of this fever but it failed to give relief. Pain came in the right side of the pelvis and extended up to the kidney. Abscess at the point where the fistula had been was suspected and a careful examination was made but nothing abnormal was found. The uterus was movable and there were no inflammatory products formed anywhere. High up above the bladder and in the region of the ureter there was a tender point. This pain and tenderness extended to the kidney which became swollen and quite tender. This part of the history led me to the conclusion that there was an inflammation of the right ureter, a periuteritis, originally caused by the pelvic inflammation, and that during repair after the operation a partial stenosis. About five days after the onset of this trouble, there was a free discharge of pus into the bladder followed by lowering of the temperature and relief from the pain in the kidney and uterer. There was for several days after this a trace of pus in the urine. For the next two weeks she did well, then a similar attack came, but much milder and of shorter duration. She gained strength slowly, was up and around and returned to her home. Since then she has had several slight attacks of this ureter and kidney trouble, but promises to recover.

When the ovaries and tubes are diseased on both sides and require to be removed, I prefer to take out the uterus also. The operation is about as easily done and the condition left is more favorable to recovery and better for the patient. This is the accepted practice of some other surgeons I know, but when there has been a secondary cellulitis as in this case, the broad ligaments are so thickened by the products of the cellulitis that to separate the uterus from the bladder or rectum and to find and ligate the uterine arteries is difficult always and sometimes impossible. So I prefer to leave the uterus in such cases.

Feigned Insanity.

BY P. O. HOOPER, M. D., LITTLE ROCK.

[Read in the Section on Practice of Medicine at the Twenty-first Annual Session of the Arkansas Medical Society.]

Cases of simulated, or feigned insanity, are so frequent, especially on the part of those guilty of crime, that a few remarks on the subject will not be out of place. Nothing can be more slightly defined than the line of demarcation between sanity and insanity; the border land, at times, is scarcely perceptible. Physicians and lawyers have made attempts without number at definition in cases where definition is impossible. Make the definition too narrow, it becomes meaningly; make it too wide, the whole population will become involved in the drag net. "In strictness, we are all mad when we give way to passion, to prejudice, to vice, to vanity; but if all the passionate. prejudiced, vicious and vain people in the world are to be locked up as lunatics, who is to keep the key of the asylum? Society must be protected, human life must be safe, property must be secure, and the law must punish those who violate the rights of any citizen to life and property; to do this with even justice, it will not do to permit a criminal on account of the vagaries of an unbalanced intellect, or moral nature, to escape punishment." If the disease of insanity really exists, then let that question be settled, not that he may escape punishment, but that the punishment may be determined in accordance with his physical and mental condition.

We read that David successfully feigned insanity, and Lucius Junius Brutus by pretended imbecility saved his life. In recent years a reporter of a New York newspaper so successfully enacted the role that she was admitted to, and treated in a hospital for the insane, deceiving physicians and nurses into the belief of her insanity, until she had gained an insight into all the details of management and workings of the institution, which she afterwards described in a graphically written article for her paper.

But very few persons know how to feign insanity. Those who undertake it are usually clumsy performers, who are readily

detected; a case occurs occasionally, however, not so easily decided. In the great majority of cases, indeed I might say in every case, while the fact may not be recognized at once, close observation will soon disclose the facts. Those who have treated diseases of the brain, and witnessed the peculiarities and conduct of persons whose minds are disturbed, will most readily detect the cheat, yet there are certain points which will enable the inexperienced to come to a conclusion respecting the greater number of cases.

Most persons who simulate the malady have a motive for so doing, as for instance to avoid punishment for a crime. This simulated insanity may be transitory, or persistent. The individual may claim that he was delirious at the time the criminal act was committed, and had no recollection of it, or he may be apparently insane at the time we are called to see him. He may be in an acute and active state of feigned excited mania, or may pretend to be in a quiet chronic condition of dementia. Soon after the commission of his crime he may put on this appearance, or he may feign insanity on being arrested, or while confined in prison. Our courts of law are full of such cases.

A person who states that at the time he committed the unlawful act he did not know what he was doing, simulates the form of transitory mania, which is seen occasionally in conjunction with epilepsy. Such attacks are not common, and are not usually so sudden as to be unnoticed by others. In cases like these inquiry should be instituted into the previous history and habits of the individual as regards former attacks of insanity, injuries or brain affections. He may simulate impulsive insanity, insisting that he suffered from an irresistible impulse to commit the deed. In this case an account of his past life must be arrived at, the character of the deed must be considered, its enormity, senselessness, his motive, or eccentricity. Such acts committed under the influence of temporary insanity, are as a rule, those of violence, or injury to self or others. This plea being put forward as an excuse for petty thefts or forgery, acts of indecency or exposure of person, the shamming may reasonably be suspected. Such acts are often committed by crazy

people, but not by those who may be considered sane to-day, and off their balance to-morrow, this is too transient.

Several years ago, a man in Johnson County in this State, was arrested for waylaying and killing another man who was plowing in his field. The accused murderer was brought to the State penitentiary and incarcerated for safe keeping. After quite a short sojourn in prison he seemingly became violent and maniacal, and continuing in this furious state for several days succeeded in completely deceiving the physician of the prison as to his condition, who certified under oath that the prisoner was violently insane and unmanageable, and was a fit subject for the lunatic asylum. By order of the court he was sent to the asylum and admitted as a patient. For a few days after admission he sat perfectly listless, noticing nothing and refusing to speak a word. He pretended to have lost his sense of hearing also. His body was in constant motion, swaying from side to side, and he would stare and roll his eyes in every direction. A close watch was put on his movements, and we soon discovered that he was malingering. In going through the ward a few mornings after it became evident to us that he was playing a game. I called to him and asked him to accompany me to his room, to which he reluctantly consented, stumbling and staggering as he walked. I then charged him with trying to play the "insanity dodge," and that it was useless for him to continue the play. He at once admitted that he was shamming-was tired out—and that he had been induced to do so by some convict with whom he had messed with in the prison. He was immediately returned to the penitentiary for safe keeping. Soon after this his trial for murder was begun in the circuit court of Johnson County. He then acknowledged that he had been feigning insanity—confessed his crime and was sentenced to the penitentiary for twenty-one years. Not very long after his conviction and sentence he made his escape from the prison and is now at large.

Not infrequently we are called to see a person apparently at the time insane. In comparing a real with a feigned case generally, a really insane person is on his guard when addressed and tries to make as good an appearance as possible. He en-

deavors to gather his senses, and wants to understand what is going on. On the contrary, one who is pretending to be insane makes every effort to deceive you into the belief that he is insane; he is loudly demonstrative in speech, and violent in action. He wants to impress the bystanders that he is a very crazy person. A real lunatic will rarely ever acknowledge it.

People who attempt the insanity dodge generally over-do it, and detection is easy if the violent form of mania is assumed. They become physically unable to keep up the effort, and in a short time will tire themselves out and call for a rest, and likely go to sleep. No sane person can stand the incessant strain of a genuine maniac for but the shortest time, and no real maniac will rarely at an early stage become quiet and rest calmly for hours. A correct knowledge of their condition may be easily arrived at, if a proper and close espionage be put upon their movements, without their knowledge. They should be closely watched at night, for insanity does not cease merely because it is dark. Insomnia is one of the characteristic symptoms of mental disorder. If the person is restless, and sleepless, it is fairly in his favor that he is insane, but if he sleeps quietly, and in a normal manner, the presumption will be that his mind is not so disturbed as his actions attempt to prove. If the form of mania assumed is not an excited one, and if the feigner can be coaxed, or prevailed on to answer questions, or to talk, he is apt to over-do his part by pretending to have lost his memory. He will talk all sorts of nonsense, seldom giving a reasonable or correct answer to the simplest question put to him, or he may answer correctly questions concerning other people, but become oblivious when questioned as to himself, or his previous history. He seems to have suddenly lost all memory and intelligence. It should be remembered that the loss of memory is not common among the insane, except in cases of dementia. When loss of memory is simulated it will rarely be cleverly done. Dirty habits may be adopted by feigners to further the deceit, but by a little adroit conversation, we may generally discover that they are not so far lost as they would have you believe.

Some knowledge of the actions and conduct of insane people may be requisite to guide us as to an opinion in cases of feigned melancholy. The patient will frequently refuse to eat, insisting that there is poison or something deleterious in the food. We should look for physical symptoms, and watch him closely. See if his pulse is normal, tongue clean and skin cool. Does he rest well at night. Is he careful in his dress, and clean in his person. Is his conduct the same when left by himself, as when in the presence of others. Neither mania, melancholia, nor primary dementia, comes on in an hour. His habits and conduct prior to the supposed attack should be rigidly inquired into and a conclusion will soon be arrived at, especially if it is discovered that the malinger enjoys restful sleep.

It is difficult to detect feigned insanity, in either sex, when we find vicious habits and vileness, so combined in the same person that we are at a loss to determine which it is that controls them in their assumed role of simulation. Our large criminal population is very fertile in adding very many cases of this kind, who can hardly be said to be sane and responsible, and who are continually committing all sorts of petty crimes, and are filling our reformatories and jails at a regular annual rate. Some of these offenders are so violent and destructive, so furious and yet so silly and childish in mind, that we may designate them imbeciles, or insane, with plausible grounds for our opinion. No two cases are ever just alike, and each case must be judged by itself.

No physical signs can be depended on for the detection of simulation. Almost invariably there is a disturbance of the health in a person whose insanity is just beginning, and we should be watchful, and our suspicions should be aroused, if this disturbance be wanting. We find among the insane, little deviation from a normal condition, either in the pulse or temperature, or the urine, but we have generally a loss of sleep, a foul tongue, constipated bowels—all, or some are rarely absent. If we should discover the temperature to be high, say from 102 to 104 degrees, we should suspect the patient is suffering from some acute bodily disease, and that the delirium depends on a febrile condition due to such cause. If a man suddenly pretend to be insane, we look for some of these symptoms of recent mental disorder. If a man assumes a quiet, and appara

rently chronic form of monomania or dementia, we know that it very rarely shows itself suddenly, and there must have been previous evidence of some brain disturbance, and strict inquiry should be made in this regard to detect the fraud.

Numerous plans have been urged to make the simulator confess his imposture. Cold shower baths have been used, intimations of proposed plans of procedure made in his presence so as to frighten him into a confession of his imposition have been tried, but probably nothing is so successful as the application of electricity. If you are pretty sure that the person is feigning, you may frequently expose his trick by a few shocks from a battery, repeated as often as may be deemed necessary to cure him of his rascality.

Cases are rare, where even skillful cheats, can deceive for a very long period, experienced physicians, who have had the care of insane people, and have watched them and treated them and understand their habits, peculiarities and eccentricities, and have made these diseases a special study. In a suspected case bring to bear a few common sense ideas, consider if the party has any design or motive for playing the "insanity racket." Observe closely the condition of the patient, the character of the mania with which he is seized, inquire if there has ever been anything of the kind prior to the attack, any peculiar ideas advanced, or unusual motions of body or limb previously; examine carefully his physical condition, observe his sleep, and his actions, and conduct when he is supposed to be alone. A careful watch of a few hours or days will ordinarily disclose the deception.

Relation of Organic Stricture to Hyperæsthesia of the Prostatic Urethra.

BY HOWARD PAXTON COLLINS, B. S., M. D., HOT SPRINGS.

[Read in the Section on Surgery at the Twenty-first Annual Session of the Arkansas Medical Society.

In discussing this subject I do not intend to enter minutely into details, but to refer briefly to the more salient points which apparently are not recognized as generally as they should be by the general profession.

That there is a relation between an organic stricture and a hyperæsthesia of the prostatic urethra, and in fact the whole urethra posterior to a stricture of long standing, is or may be a fact beyond question. I say may be because it does not always follow to the same extent and perhaps at times not at all. Going still farther, a stricture just within or at the meatus may not only produce an hyperæsthetic condition of the whole urethra but will often weaken the sexual function, and, as I have seen it several times, destroy the power of erection, making the patient absolutely impotent until relief was obtained by proper treatment.

Causation. The causes of this peculiar sympathetic relation are threefold, viz: mechanical obstruction, chemical irritation and mechanical irritation.

First. By mechanical obstruction is meant the encroachment upon the caliber of the urethra by the tissues composing the stricture, against the sensitive mucous membrane covering which, the urine flows with great force as the bladder is being emptied of its contents. If the stricture be of small caliber a ballooning of the urethra posterior to it will be produced, but it is not necessary for the stricture to be what is known as a tight one to produce grave nervous phenomena.

Second. Chemical irritation is produced by the retention of urine, even a drop, and also shreds of mucus and pus behind the stricture which decompose and become a foreign, chemical irritant.

Third. By mechanical irritation I mean the encroaching upon and the squeezing of the nerve endings in the mucous membrane by the newly formed fibrous tissue.

Mr. Berkeley Hill has in a general way well pointed out the importance of mechanical obstruction to the flow of urine. He says: "If the balance between the natural expulsive force of the bladder and the friction of the stream along the urethra is disturbed, the bladder is irritated, the kidneys are affected, and the beginning of a long chain of events which minate not infrequently in death is made."

The action of these different causes is upon the nerves properly, or beginning in the mucous membrane at the point of greatest irritation, just behind the stricture, their influence is soon taken up by the sympathetic system when follows the irritable condition of the posterior urethra, frequent urination, frequent seminal emissions and a generally weakened sexual function.

We have in the urethra a peculiarly sensitive canal and "independent of its local sensitiveness," says M. Civiale, "the urethra possesses another kind which may be termed sympathetic. * * * When this sensitiveness is aggravated it may awaken sympathetic response in every organ and function of the body." The nearness of the prostatic urethra and it being a direct continuation of the anterior portion and also being more highly sensitive normally, soon takes on a neurotic condition as a portion of its share in the accompanying symptoms of stricture of the pendulous urethra. This neurotic state manifests itself in various ways, but especially by a hypersensitiveness which is not necessarily accompanied by an inflammation. This hypersensitive condition is made known by a burning sensation near the neck of the bladder, which may be more or less continuous, but is especially prominent during and following micturition, which act is increased in frequency and especially during the day. The urine will at times dribble and at other times pass freely enough, the stream changing perceptibly during the act of micturition, and the flow may even stop entirely for a moment, denoting a muscular spasm. That region will be especially sensitive also to the introduction of any kind of an instrument, the patient complaining of an intense burning pain.

In this connection it might not be out of place to quote from Professor Otis, whose acuteness of perception early enabled him to appreciate the spasmodic element in these cases and concerning which he says: "The great proportion of cases treated by gradual dilatation are treated for deep stricture which does not exist."

With this existing involvement of the deep urethra it is

but a step farther to link the seminal ducts, vesicles and the general sexual function to this neurotic chain, and it is a fact that they are early affected as a rule. Night emissions, premature discharges with imperfect erections, or none at all, painful orgasms and a burning pain in the region of the prostate and on down to impotency and melancholia, to say nothing of the vast uncompleted chain of symptoms as they may be added link by link, including every organ and function of the body; and yet we see patients who have been told by their physicians in substance as follows: "Why, I have passed a steel sound No. 16, French scale, entirely through your urethra to the bladder, and you have no stricture." The patient still continues to suffer, however, until he finds some one who will use the urethra meter and recognizes the cause of his trouble, even though he can pass a No. 20 or even 30, and finally affords relief to a grateful patient.

In conclusion, I will append a brief history of two cases which well represent the involvement of the sexual function:

Case I. White, aged 35, married, presented himself to my brother, Dr. S. P. Collings, for treatment four and one-half years ago, giving the following history. He had been married eight years and one child was born to them about one year after marriage. Prior to his trip to the Springs he had not had an erection for a year and a half, and was at the time of his arrival bordering on melancholia. The testicles were soft and greatly atrophied. The patient had been under very eminent medical care continuously for nine months previous without any relief. Three strictures were detected within the pendulous urethra, one being just within the meatus. These were divided. Improvement began almost immediately, and he is now a perfectly vigorous and healthy man, as reported to me by Dr. E. E. Kerr, of Chattanooga, whose patient he became just prior to his visit to the Springs. Dr. Kerr tells me that since the patient's return, over four years ago, four children have been born to them, which is certainly sufficient evidence of his entire recovery, and besides, the doctor further informs me that the testicles have regained their normal size and firmness.

Case II. Colored, aged 35, married. Came to me for treatment, March 13. He disclaimed ever having had gonorrhoea. Erections began to diminish in strength and became less frequent several months prior to last May, at which time they ceased. There developed a discharge last December which continued without abatement until his visit to me. The discharge consisted of pus mingled with the prostatic fluid. There were no spermatozoids present. He would average an emission every three or four nights. No. 26 detected a firm stricture one-fourth of an inch from the meatus which was cut to No. 35. Within one week erections reappeared and have continued since.

Report of a Case of Double Dislocation of Clavicles at Sternal Ends.

BY W. R. HUNT, M. D., COAL HILL.

[Read in the Section on Surgery at the Twenty-first Annual Session of the Arkansas Medical Society.]

In looking over records accessible to me I find that cases of simultaneous dislocation of the clavicles at sternal ends, with complete recovery without deformity, are exceedingly few. It is for this reason that I report the following case:

I was called January 10, 1896, to see Mr. B., coal miner, age 26, and found him standing while a friend on either side supported him. His head was inclined forward and there was considerable dyspnoea, dysphagia and cerebral congestion.

The patient's friends informed me that while lying on his right side, his shoulder resting on the floor of the room in which he worked, there had been a coal and slate fall of something near a thousand pounds, the principal part of which had fallen on his left side and shoulder, and when it struck him it divided, compressing him between the debris. I had no diffi-

culty in diagnosing forward dislocation of the right and backward dislocation of the left clavicle at sternal ends.

Reduction of the forward dislocation was readily accomplished, but the left one was not so easily reduced. After the reduction I applied a thick pad over the sterno-clavicular articulations, making it thicker and harder over the right than over the left; and also a thick and heavy pad over the spine between the scapulæ. A wedge shaped pad was then placed, base upward, in each axilla, a cushion of absorbent cotton over the scapulæ to prevent the transverse board splint, which was used posteriorly, from damaging the integument. This was secured by a cotton bandage bringing the shoulders well back to the splint and the arms to the trunk, and the whole was incased in a figure-of-eight plaster of Paris.

The patient was then put to bed and required to remain twenty days when the dressings were removed; finding some soreness over the right sterno-clavicular articulation the pad was again applied and kept in position by an ordinary bandage; at the same time requiring him to remain in the recumbent posture with a large hard pillow between the shoulders for ten days more, after which he was permitted to go about. Four-teen days later the dressing was removed and a truss applied over the articulation.

He was instructed to wear the same through the day, especially if he did any kind of labor, but to pull it off at night. This he continued to do until about the first of April when, finding himself entirely well and without deformity, he laid the truss aside.

I attribute my success in this case to persistently keeping my patient in the recumbent posture with his shoulders drawn well back to the transverse board.

Prostatic Disease.

About the earliest symptom of prostatic disease is an increased frequency of urination, especially at night. This very often precedes any enlargement that can be discovered either by rectal examination or by the use of the catheter.—Pacific Record of Medicine.

THE

JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY.

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PUBLISHED MONTHLY.

Price, \$1 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the JOURNAL.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the Treasurer, Dr. J.

H. Lenow, Little Rock, Ark.

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One page One-half page	\$50.00	\$30.00	\$20.00
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The Journal of The Arkansas Medical Society, 111 E. Fifth St., Little Rock, Ark.

VOLUME VI.

JUNE, 1896.

NUMBER 12.

Editorial.

Enforce the Medical Laws.

It is well known that in our State the laws regulating the practice of medicine, inadequate as they are, are not complied with in many instances. It seems to be no particular officer's business to investigate the right to practice of any so-called doctor who chooses to "hang out his shingle" and offer his services, dangerous though they may be to the public. In some of the State and in many county societies in other States, there are committees on enforcement of medical laws. It is the duty of such a committee to investigate the credentials of all who engage in the practice of medicine and to see that the requirements of law have been complied with.

We suggest that every county society in our State should appoint such a committee and begin work at once. The results would be astonishing if the work was faithfully performed. All over our State men calling themselves doctors have slipped into communities and are now practicing medicine without the least shadow of evidence that they ever saw a medical college, a county clerk, or a medical board of examiners.

It should be the duty of the county boards to see that the laws are complied with, but as there is no statutory provision to that effect they do not feel called upon to do anything of the kind. Individual members of the profession do not care to be put in the attitude of prosecutors, so that the result is an exemplification of the old saying that "what is everybody's business is nobody's business."

With a committee appointed for the specific duty the work would be relieved very greatly of its personal aspect and would be a standing admonition to the quacks to "move on."

Chronic Hæmorrhoids.

Simple diet and open-air exercise—avoid constipation, riding and bicycling. Bathe anal region well with cold water after each action of the bowels. Take for a short period, at intervals, with lunch and dinner, two pills, each containing one grain of extract witch hazel, four grains of extract capsicum, and honey sufficient to make a mass.—The Practitioner (London).

Editorial Notes.

The second Pan-American Medical Congress will meet in the City of Mexico on the 16th, 17th, 18th and 19th of November, 1896. Excursions to Mexico have been popular in recent years and the occasion of the meeting of this congress will afford physicians a convenient opportunity to visit our neighboring republic. We publish the special regulations elsewhere in this issue.

The officers of the American Medical Association for the ensuing year are: Nicholas Senn (Illinois), president; Geo. M. Sternberg (U. S. Army), Edmond Souchon (Louisiana), K. D. Thomas (Pennsylvania), and W. F. Westmoreland (Georgia), vice presidents; Wm. B. Atkinson (Philadelphia), secretary; T. F. Sneiman (Pennsylvania), assistant secretary; H. P. Newman (Illinois), treasurer; Geo. W. Webster (Illinois), librarian.

The trustees are: C. G. Savage (Tennesee), E. E. Montgomery (Pennsylvania), J. M. Matthews (Kentucky), and C. A. Reed (Ohio).

Elected members of the judicial council: Geo. W. Stoner (U. S. H. M. Service), C. W. Foster (Maine), J. McGaston (Georgia), I. Brumby (New Jersey), and C. H. Scott (South Carolina).

The next place of meeting will be Philadelphia, with Dr. Hobart A. Hare as chairman of the committee on arrangements.

"IRA C. PARKER, United States District Judge at Fort Worth, Tex., makes a startling statement as to the current increase in the crime of murder. He declares there were 10,500 homicides in the past year, and 44,000 in the past

five years, which were followed by 725 legal executions and 1,118 lynchings. He attributes this largely to the immunity extended by the courts to murderers, and the obstruction of justice in many cases by the appellate courts.''—Medical Age.

JUDGE PARKER is at Fort Smith, Ark., instead of Fort Worth, Tex. In his estimates of murders he has evidently not included the homicides resulting from the ignorance of many so-called doctors in Arkansas who are practicing medicine and manslaughter, by authority of the laws of the State.

New Method of Reducing Hernia.

Dr. Henry E. Stafford advises a method which is purely original. He takes an ordinary rubber bandage, $2\frac{1}{2}$ inches wide and 3 yards long, and winds it about the scrotum (including the penis), commencing below the center and drawing tighter at the lowest part, until all parts are covered; thus the bandage exerts a constant pressure. With each layer the bandage is drawn tighter, and usually before half of it is used up the bowel slips back and the hernia is reduced. This is not so painful as taxis, and is much more effective. The same method may be employed in reducing a prolapsed rectum.—

Maryland Medical Journal.

On Ether Narcosis.

Most cases of bronchitis and broncho-pneumonia following the inhalation of ether are due to the nature and quality of the anæsthetic. It is an established fact that simple contact of air will cause a deterioration of the ether by the formation of certain products of oxidation which act as strong irritants of the respiratory mucous membrane—an accident that may be avoided by keeping the ether in small containers in a cool place, and opening a fresh bottle for each operation. Any ether that is left over is always unfit for future purposes of inhalation, and can only be used externally.—The Australasian Medical Gazette.

The Arkansas Medical Hociety.

OFFICERS OF THE SOCIETY 1896-97.

President-A. J. VANCE, Harrison.

First Vice Pres.—J. G. EBERLE, Fort Smith. Secretary—F. VINSONHALER, Little Rock.

Second V. P.—C. P. Merriwether, Walnut Ridge. Treasurer—J. H. Lenow, Little Rock.

Board of Censors—W. B. Welch, Fayetteville; D. C. Ewing, Batesville; A. A. Horner,

Helena; T. J. WRIGHT, Fort Smith; J. A. DIBRELL, JR., Little Rock.

Section on Practice of Medicine—W. N. YATES, Chairman, Fayetteville; F. W. YOUMENS, Secretary, New Lewisville.

Section on Surgery-H. P. Collings, Chairman, Hot Springs; W. R. Hunt, Secretary, Coal Hill.

Section on Obstetrics and Gynecology-E. R. DIBRELL, Chairman, Little Rock; K. A. Mc-INTOSH, Secretary, Beebe.

The Place of Meeting-Little Rock, Ark.

The Time of meeting-Second Tuesday in May, 1897.

Minutes of the General Sessions of the Twenty-First Annual Meeting of the Arkansas Medical Society, Held at Fort Smith, April 29, 30, and May 1, 1896.

FORT SMITH, April 29, 1896.

The Arkansas Medical Society was called to order at 11:30, a. m. by President L. P. Gibson. A large number of delegates and permanent members of the society were present. The session was opened with prayer by Rev. W. N. McKay. Dr. J. G. Eberle, the chairman of committee on arrangements, then delivered an address of welcome in behalf of the Sebastian County Medical Society, and extended to members of the Arkansas Medical Society the privileges of the Arkansaw Club, and an invitation to visit the Commercial League rooms, calling attention to entertainments mentioned upon the programme and extending a cordial invitation to members to attend all of them. Mayor J. A. Hoffman then presented the freedom of the city to the members of the Arkansas Medical Society.

The president, in order to fill vacancies caused by the absence of members of board of censors, appointed Drs. D. C. Ewing, A. A. Hornor, Z. Orto and C. P. Merriwether. Dr. Eberle thereupon moved a recess until board of censors could

report. Dr. Hornor moved as a substitute, that the board of censors be allowed until the following morning to report. Carried. Upon motion by Dr. T. J. Wright, the roll call of members was dispensed with. Dr. Southall then made a motion that the society dispense with the reading of the minutes of previous meeting. Carried.

The society then adjourned to meet at 8 p. m.

EVENING SESSION, April 29.

Arkansas Medical Society called to order at 8:30 p.m. by President L. P. Gibson. Dr. Eberle announced a reception at the residence of Mrs. E. R. DuVal, and extended an invitation to all members of the society.

Hon. J. D. Bryant was then introduced by Dr. Eberle and delivered the address of welcome on behalf of the citizens of Fort Smith. The society showed its appreciation of the speaker's eloquence by the closest attention. Dr. W. B. Welch, of Fayetteville, responded in behalf of the society, in a very happy speech.

The president then delivered his annual address, calling attention to the dangers attending the absence of medical legislation in this State, and paid his respects to the press in a very forcible manner, especially referring to the fact, that they were the mainstay of advertising quackery in humbugging the people. Statistics showing the appalling number of irregulars practicing medicine and the want of proper interest shown by the profession in securing such legislation as would place us upon a favorable footing with other States, who have progressive medical laws.

Dr. Hornor moved that the president's address be referred to a committee of three. Carried. The chair (Dr. Eberle) then appointed Dr. A. A. Hornor, Dr. T. E. Hurley and Dr. Z. Orto.

The society then adjourned.

SESSION OF APRIL 30.

The Arkansas Medical Society was called to order by President L. P. Gibson at 9:45 a. m.

Dr. Eberle, chairman of committee on arrangements, extended an invitation to the members of the society to visit the Bell Grove School.

Dr. Bailey extended an invitation to delegates and permanent members, with their wives, to receptions given in the evening at the residences of Dr. Johnson and Dr. Bailey.

Dr. Moulton moved that the courtesies of the floor be extended to Drs. W. T. Bryan, J. D. Brazell, M. C. Marrs and H. S. Pollock, who were present from the Indian Territory. Carried.

The board of censors then reported favorably upon the following persons for membership in the Arkansas Medical Society: Drs. J. G. Worley, S. A. Mason, T. O. Esselman, W. E. Jones, J. O. Vance, R. W. Barton, G. S. Brown, R. L. Ramy, C. W. Culp. These gentlemen being residents of counties having no organized medical societies, the president thereupon ordered that they be balloted upon. The tellers having reported that all candidates had received a majority of votes cast, they were declared elected to membership in the society.

The board of censors further reported that Benton County was present in violation of section 2, article 5, constitution and by-laws of the Arkansas Medical Society. Dr. Clegg arose to a question of information, as to the standing of Benton County Medical Society. The president ruled that they were not entitled to privileges of the floor. Dr. Hurley then arose to make a statement, but was declared out of order. Dr. Southall moved that privileges of the floor be extended to Benton County Medical Society here present. Seconded. Dr. Moulton then offered a substitute; that all graduates in medicine of Benton County Medical Society be received as permanent members. Motion was declared out of order. Dr. Southall's motion was

then put and carried. Dr. Hurley thanked the society for the courtesy extended.

The report of trustees of the JOURNAL was made by Dr. P. O. Hooper:

The board of trustees have no elaborate report to make beyond the reiteration of that said last year, regarding the support of the JOURNAL, the necessity of such support being more apparent than when the last report was presented to the society.

An examination of the financial condition of the society demonstrates that the radical reduction made in the annual dues of the members by the adoption of our present constitution, will be inadequate to meet the demands pertaining to the publication of the JOURNAL and other incidental expenses required for a proper conduction of the financial affairs of the society. Indeed we may say as a fact, that while the receipts of the past year have been reduced 40 per cent, it has been impossible with rigid economy to reduce expenses at all. Unless something is accomplished at this meeting by a restoration to former dues, coupled with a prompt payment of same on the part of each individual member, or some other scheme is devised to relieve us of our present embarrassment it will be, in our opinion, impossible to continue the publication of the JOURNAL.

Having no suggestions to offer, other than the statement of bare facts herein contained, we leave it to the society to determine what measures best to pursue. According to article 9 of the present constitution, the president, secretary and treasurer shall ex-officio constitute the board of trustees who shall have custody of all property belonging to the society. The present board is therefore abolished, and is no longer in existence. This change in the constitution was not understood until after the commencement of the present fiscal year, and for that reason the transfer was not made before.

Respectfully,

Attest:

P. O. HOOPER,

J. H. SOUTHALL,

Chairman.

Secretary.

Z. ORTO.

Report received.

Dr. Holland moved that the president appoint a committee of three members of the society to confer with the trustees and find means of obtaining the necessary funds. The president appointed Drs. Welch, Southard and Westerfield.

Dr. Lindsey presented the report of visiting delegates to the Medical Department of the Arkansas Industrial University. He stated that the medical department was in a most flourishing condition. The clinical facilities seemed to be better than ever before, and cordially commended the institution to the society as worthy of their continued interest and support.

Dr. Vinsonhaler, secretary, submitted his report for the year. He reported a large increase in membership roll during the year, and read to the society a letter stating that Dr. H. H. Keith, of Logan County, a member of this society, had been expelled from his county society for falsely representing himself to be a graduate in medicine. He presented the resignations of Dr. J. W. Hayes and Dr. W. B. Deffenbaugh, who by reason of removal from the State found it necessary to affiliate with other medical organizations. Suggested also that Dr. E. R. Armistead, of Prescott, and J. B. Crane, of Batesville, be made life members, without payment of dues, they having so requested. The counties had forwarded to the secretary a list of members: Sebastian, Jefferson, Greenwood District Sebastian County, Pope, Washington, Independence, Prairie, Benton, Drew, Boone and Pulaski. Of all of these only two have complied with the law in sending a copy of their constitution and by-laws to the secretary, these were Sebastian and Pulaski. The society had received and acknowledged reports of the medical societies of Nebraska, Virginia, Texas, Tennessee, Wisconsin, Illinois, Colorado, Oregon, North Carolina, New Jersey, Brazil, S. A., and Michigan.

The secretary read a communication from Dr. E. C. Hay, of Hot Springs, announcing the resignations of Drs. J. M. Keller, J. C. Minor and T. M. Baird, from the Hot Springs Medical Society. By reason of said resignations they at the

same time ceased to be members of the Arkansas Medical Society.

Upon motion of Dr. Southard the secretary was instructed to notify the American Medical Association of changes in membership roll of this society. Carried.

It was further moved that Drs. J. B. Crane and E. R. Armistead be made members of this society, without payment of dues. Carried.

Moved that resignations of Drs. W. B. Deffenbaugh and J. W. Hayes be accepted, and that the secretary furnish these gentlemen with a certificate of withdrawal from the society. Carried.

The treasurer's report was, in the absence of Dr. A. L. Breysacher, submitted by acting treasurer Dr. J. H. Lenow, and was referred to an auditing committee composed of Drs. A. J. Vance, H. Moulton and W. R. Hunt.

Dr. Bentley reported as a delegate to the American Medical Association, and dwelt at length upon the benefits to be obtained at such gatherings of medical men. He believed the drift of surgery was toward conservatism, especially in pelvic work, and thought it would continue so.

The report of the committee on State medicine was submitted by Dr. Epler, and was accompanied by the exhibition of large, printed charts showing mortality rates in various localities considered in the report. The paper was one of the most instructive submitted during the meeting, and led to a spirited discussion. After the reception of the paper Dr. Bolton arose to object to the section relating to Eureka Springs and containing the statement of the unusual prevalence of typhoid fever there. He believed that his section of the State was unusually free from typhoid.

Dr. Welch did not agree with preceding speaker and recalled many cases of typhoid at and in the vicinity of Eureka Springs. He speaks of the great number of irregular cases, which do not show the rose spots and diarrhæa, but with char-

acteristic temperature curve and headache, with extreme sensitiveness to purgatives and liability to hemorrhage.

Dr. J. C. Amis also related numerous cases coming under his observation in Carroll County and central portion of the State.

Dr. Bolton further remarked that Carroll County was as free from typhoid as other sections of the State. Many of the so-called cases of typhoid were malarial fever, pure and simple, and yielded to quinine. He has noticed that cases coming to Carroll County from malarial sections, frequently have an outbreak of the latent miasma. Thinks it unfair and unjust to bring this charge against Carroll County.

Dr. Gibson believed that in the interest of truth, physicians, at least, should state facts as they were and not juggle or attempt to deceive. He believed that the original report was correct, and hoped that no effort would be made to smother anything.

Dr. Orto agrees with the last speaker, and says in his own city they have all forms of disease, but since the introduction of water works at Pine Bluff, they have but few cases of typhoid.

Dr. Hynes then moved a postponement of discussion. Carried.

The Society then adjourned.

FORT SMITH, ARK., May 1, 1896.

The Arkansas Medical Society met at 9:30 a. m., President L. P. Gibson in the chair.

The board of censors then reported upon the case of the Greenwood District Medical Society.

Regarding the application for membership and representation of the Greenwood District Medical Society of Sebastian County, we find this society composed of eleven members, two of whom are also members of the Sebastian County Medical Society. As the Greenwood Society has complied with the requirements of the constitution of the State Society, they are entitled to representation for nine members, the other two being

represented by the Sebastian County Society. In no case can there be dual representation.

Dr. Eberle, chairman of the committee on arrangements announced a banquet at 10 p. m., at Hotel Main, and extended an invitation to all to remain and attend.

Dr. Holland chairman of the committee on medical legislation then read a paper entitled, The Value of Public Health, and the Duty of the Government in the Prevention of Disease.

Dr. Hynes moved that the paper be received and discussed with the paper of Dr. Epler. Carried.

Dr. J. A. Dibrell moved that the suggestions contained in Dr. Holland's paper be referred to committee on State medical legislation with power to act. Seconded. Dr. Welch offered the following amendment which was accepted by Dr. Dibrell:

Resolved that the paper of Dr. Holland be by the secretary of the society, caused to be published in as many of the secular papers in the State as possible, and that the incoming president and his successors, be requested to continue the present committee on State medicine as far as possible; and that the chairman and any four members of the committee whom he may select be an executive committee to carry out through the county members the suggestions of Dr. Holland through legislative enactment.

Dr. Holland suggests a special committee of five, composed of chairman and four members selected by chairman. Dr. Dibrell included this suggestion in his motion and thereupon the motion as amended was carried.

Dr. Hornor called attention to the fact that we already have upon the statute books a good law providing for a State board of health, but that it is not enforced. Dr. Holland then selected the following gentlemen to act with him as members of special committee: Drs. J. H. Hutchinson, D. C. Ewing, J. H. Southall and B. Hatchett.

Dr. Orto advises that present committee on medical legislation be continued another year. Dr. Welch further advises that power of secretary to print and distribute documents and use necessary measures to place the matter before the people be vested in the special committee.

Dr. Southard moved that the courtesies of the floor be extended to Dr. Crofford of Memphis. Carried. Dr. Crofford thanked the society for the courtesy.

Dr. Barner read a very interesting paper upon the Ideal Physician. The paper was received for publication by the society.

Moved, that that portion of Dr. Epler's paper relating to Carroll County be read again. Lost.

Dr. Welch presented report of special committee from the society to confer with trustees of the JOURNAL, as follows:

Resolved, That article 5 of the by-laws of the society be stricken out and shall read as follows: "Article V. The annual dues of this society shall be \$5. The initiation fee of new members shall be \$5.

WELCH, SOUTHARD.

Report was received, and as an amendment to constitution was put before the meeting and carried by unanimous consent.

Report of committee on president's address was then made by Dr. A. A. Hornor, as follows:

The special committee appointed on president's address, submit the following, to-wit: We recommend that so much of the address that refers to the organization and support of a State board of health be referred to the committee on medical legislation, and so much as refers to amending the present medical law, be referred to the same special committee.

Respectfully,

A. A. HORNOR, Chairman.

Report was adopted.

The auditing committee then made the following report upon treasurer's books:

To the Arkansas Medical Society,

We beg to report that we have examined the report of the treasurer and find the same correct.

A. J. VANCE, Chairman.

H. MOULTON,

W. R. HUNT.

The report was received.

Dr. Henderson now arose to a question of inquiry as to report of board of censors. The chair stated that the society shall be bound by their report, according to constitution and by-laws.

Dr. Bolton called attention to the fact that Dr. Epler's paper was before the house. Chair ruled that the society had voted down a motion to read that section relating to Carroll County, hence it could not be discussed.

The society then adjourned.

EVENING SESSION.

The Arkansas Medical Society was called to order by President L P. Gibson, at 9:50 p. m.

The secretary then read the following resolution:

WHEREAS, the city of Fort Smith has had the members of the Arkansas Medical Society in its keeping for the last three days and has kept us happy and delighted, therefore,

Resolved, That we tender to the members of the Sebastian County Medical Society, their wives, daughters and sweethearts, the assurance of our grateful appreciation of their hearty welcome and unbounded hospitality; and to the Arkansas Club, the Commercial League and the principal of the Belle Grove School, the acknowledgment of our obligation to them for their kind invitations.

It was moved to amend by adding:

Resolved, That the thanks of this society be extended to the circuit judge of this judicial district for placing the circuit court room at the disposal of the society.

The amendment was accepted, and with the resolution, unanimously carried.

The nominating committee reported the election of the following

OFFICERS FOR 1896-97.

President-A. J. Vance, Harrison.

First Vice President-J. G. Eberle, Fort Smith.

Second Vice President-C. P. Merriwether, Walnut Ridge.

Secretary-F. Vinsonhaler, Little Rock.

Treasurer-J. H. Lenow, Little Rock.

Board of Censors—W. B. Welch, Fayetteville; D. C. Ewing, Batesville; A. A. Horner, Helena; T. J. Wright, Fort Smith; J. A. Dibrell, Jr., Little Rock.

Section on Practice of Medicine—W. N. Yates, Chairman, Fayetteville; F. W. Youmens, secretary, New Lewisville.

Section on Surgery — H. P. Collings, chairman, Hot Springs; W. R. Hunt, secretary, Coal Hill.

Section on Obstetrics and Gynecology—E. R. Dibrell, chairman, Little Rock; K. A. McIntosh, secretary, Beebe.

The Place of Meeting-Little Rock, Ark.

Dr. Welch moved that the thanks of the society be extended by a rising vote to Dr. Breysacher, for his continuous and faithful services as treasurer of this society. Unanimously carried.

Dr. Orto moved a committee be appointed to conduct the newly elected president to the chair. Dr. Gibson appointed Drs. Orto and Southall, and introduced Dr. Vance to the society.

Dr. Vance stated that to-day being his birthday he would include the society in his list of donors. He was grateful for the honor and would endeavor to discharge the duties faithfully

The society then adjourned.

ENTERTAINMENTS.

The receptions at residences of Mrs. DuVal, Drs. Johnson and Bailey, were attended by many members of the society and were thoroughly enjoyed by all. The ladies did all in their power to make the Arkansas doctor enjoy himself and succeeded.

The banquet tendered the society at the Hotel Main was an elaborate and elegant one. The secretary in the course of his experience has never heard so many good after dinner speakers on their hind legs upon a single occasion. The citizens of Fort Smith certainly bear off the palm for oratory. After the conclusion of the banquet, the expression of feeling seemed to be that it closed one of the most successful meetings in the history of the society.

Minutes of the Sections.

The minutes of the sections will be published as soon as the secretaries send them to the JOURNAL or the secretary of the society.

County Hocieties.

Roster of County Societies.

COUNTY. MEM'S PRESIDENT. SECRETARY. MEETING PLACE. STATED MEETINGS.	
Ashley	
Benton Bentonville Bentonville Bentonville Bentonville Bentonville	
Boone	
Carroll and	
Garland	
Independence23T. J. Woods, J. W. Case, Batesville Batesville	
Jackson	
Jefferson 30J. W. Withers, J. P. Runyan, Pine Bluff Pine BluffMonthly.	
Lawrence 14 N. R. Townsend, Albert Thornburgh, Black Rock Sedgewick	
Mississippi 5W, R. Harrison, C. A. Turner, Bardstown ()sceola	
Phillips	
Pope	
Prairie 8F. A. Hipolite, J. R. Lynn, DeVall's Bluff Des Arc	
Pulaski	у
Saline	
Sebastian26 E. G. Epler, J. D. Southard, Fort SmithFort SmithFort SmithEvery second Tuesday.	
Washington John Young, T. W. Blackburn, Springdale Fayetteville	

A Medical Society in Lincoln County.

The secretary of the State society has been notified that the physicians of Lincoln County are organizing a medical society. No county in Arkansas presents any more physical obstacles than Lincoln, consisting as it does of bottom and upland divided by a treacherous stream of water. It has two judicial districts on account of the difficulty of getting to any one place from all parts of the county.

The physicians of Lincoln are entitled to commendation for their worthy example, which should be followed by the physicians in many other more favorably located districts. We hope to be able to add many more to the roster of county societies before "the fall rains set in" and make it disagreeable and difficult to hold meetings.

Perpetual Request.

The secretaries, or any other officers, members or acquaintances of county societies are requested to aid the JOURNAL in completing the roster of county medical societies.

Belected Article.

Quackery and Indecency.

Quackery is an old issue and probably one which will remain open indefinitely. It is useless to attempt its extermination, and in fact it even thrives under opposition, since the laity is prone to ascribe to pecuniary motives the antagonism of the regular to the advertising physician, and is quick to express its sympathy with what it considers the injured party. On the whole, we believe that quacks cause as much work for the physician as they take from his practice. We do not overlook the humanitarian reason for desiring the downfall of quackery, but believe that the effort to save weak-minded individuals from their own folly, simply strengthens their faith in shams.

We are urged into a protest by indignation at the nastiness of many of the advertisements to be found in the lay press. So long as quackery does not violate ordinary rules of decency nor suggest lewd thoughts to boys and girls, its vulgarity, untruthfulness and dishonesty may be condoned; but the cupidity

of publishers has brought matters to such a pass that there is scarcely a daily or Sunday newspaper, scarcely a magazine, that does not print advertisements calculated to keep the sexual organs continually before the mind of the reader.

The pioneer advertisement of this class—and it seems almost respectable in its age and sincerity, as contrasted with the insidiousness of its later rivals—points the way to the specialist in private diseases. Different quacks have so diversified their representations to the public that every street urchin has a rudimentary knowledge of venereal disease. Almost as well established, and sometimes joined to the foregoing, is the advertisement which deals with "lost manhood restored" and "the follies of youth." Here is usually contrasted a hollow-cheeked, wrinkled unfortunate, with drooping mustache, with a well-nourished, smooth-skinned, lusty man, with a curling mustache and wicked eye, who represents the former restored to new powers of evil-doing.

Brief notices at newspaper rates are suggestive rather than didactic. Far more satisfactory to the small boy, is the pamphlet setting forth at length the symptoms of sexual neurasthenia, the dangers of nocturnal emissions, and describing the anatomy and physiology of the genito-urinary organs and the etiology and pathology of their diseases. We are strongly inclined to the opinion that the average lay conception of such matters is only a slight advance upon the pernicious information imparted to

boyish curiosity by quack advertisements.

Up to a decade ago, the class of advisements to which we allude almost ignored the gentler sex, except for a few references to "weakness" and "displacements," Now the growing girl is admonished to make herself attractive by using a bust developer and the meaning of the advertisement is accentuated by graphic representations of mammary growth. The brief references to female complaints have devolved into gratuitous systems of gynecology, occupying columns of space or reprinted for house-to-house distribution. However lacking such advertisements may be in scientific accuracy, they have educated the average woman up to a glib familiarity with the terms of pelvic anatomy and pathology.

One can readily understand how the expression, "Have you no bowels?" has become obsolete, if he will take a trip on almost any suburban train and study the barns and fences. A stranger in the country might well ask, "Have the American people anything but bowels?"—so numerous are the proprietary cathartics, whose names glare at us in such bold letters that not only he who runs but he who rides in the fastest express train, cannot but read. It may be mere prudery to

object to having landscapes disfigured with allusions to so necessary a function as the emptying of the intestine, and we are willing to admit that such advertisements are indelicate rather than indecent. In the same category may be placed advertisements of catamenial pads, of vaginal and rectal syringes, of uterine supportors, trusses, male suspensories, etc.

The patent medicine monger has recently awakened to the fact that young girls have not been sufficiently instructed in the psychic and physical phenomena of puberty and menstruation. Here, as in modern fiction, the worst sinners are women who first catch the eye of the victim with some such complaint as that "only a woman can understand woman's woes." Frequently we encounter a picture of a miss of 18 writhing with dysmenorrhea and the latest abomination is a novelette in which some phase of female weakness stands between the heroine and marital bliss, and in which sexual restoration, a vegetable compound and marriage bells are artistically mingled. The purpose of such advertisements is manifestly to direct the attention of the young woman to her sexual organs, to exaggerate the importance of trifling abnormalities incident to civilized life, to awaken the sexual instinct, and at the same time, to arouse forebodings as to the existence of some physical obstacle to marriage and reproduction, so that a sale of remedies may be effected. Although actual indecency of phraseology is studiously avoided, the moral and mental tendencies of such literature are decidedly injurious. We grant that the ideal of the last generation of ignorance as innocence was not a wise one, and that the girl should be instructed in the physiology and hygiene of the pelvic organs. But the instructor should be the mother, teacher, or some other intimate and mature female friend, and we would prefer ignorance to the obtaining of knowledge from a mercenary charlatan, while false modesty is better than no modesty at all.

The climax of indecency is reached with the proclamation of the abortifacient nostrum. Pennyroyal seems to be the favorite catch-word, and women are informed that the pill or powder in question is prompt, sure and safe, and this statement is often coupled with the sly intimation that it should not be taken by women who are pregnant since it will produce abortion. In many, if not most cases, the women who buy these nostrums desire the discharge of something more than blood from the uterus, and the advertiser, without direct allusion to criminal therapeutics, is calculating not only on the patronage of women already in trouble, but on those who will yield more readily to temptation if the danger of pregnancy is eliminated. Rarely there is found a lay periodical like the Ladies' Home

Journal, which takes the ground that the great body of reputable physicians do not advertise, and that it will not cater to those not in good standing in their own profession. It would be altogether too much to ask that the average lay periodical should adopt this dignified standard, but we hope the time is near when editors of secular and religious journals can afford to sacrifice the income from advertisements that are poisoning the minds of the children and youth of the land.—Medical and Surgical Reporter.

Miscellany.

Special Regulations for the Second Pan-American Medical Congress to meet in the City of Mexico on the 16th, 17th, 18th and 19th of November, 1896.

ENROLLMENT.

Article 1. In order to be properly enrolled, each member of the congress will pay to the treasurer thereof in the City of Mexico, the sum of \$5 in gold.

GENERAL SESSIONS.

Art. 2. There will be one opening session, one closing and one intermediate session of a purely scientific character.

- Art. 3. The opening session, which will be of a solemn character and presided over by the supreme authority of the nation, besides being attended by the members of the congress, will also be attended by the members of scientific societies, and other distinguished persons who may be invited. The session will be opened with the report of the general secretary. This will be followed by a speech of welcome, pronounced by the president of the congress. Two members will then speak on scientific subjects, and they will be followed by a speech from the president of the republic. It is strongly recommended that the scientific speeches should be of short duration. The intervals between the speeches will be filled up with musical performances,
- Art. 4. At the closing session, the general secretary will notify the place designated by the congress for holding the third meeting.
- Art. 5. The treasurer will present his accounts to the congress, showing the disbursements made of the funds entrusted to his care.
- Art. 6. A scientific speech will be delivered and a short speech by one representative of each one of the nations attending the congress.

- Art. 7. In the intermediate session, four speeches will be delivered on general matters, by persons who are highly distinguished in medical science, and who, having been in due time invited to do so, have accepted the commission; one of these speeches being pronounced by a Mexican physician, who shall be invited to do so by the committee of management.
 - Art. 8. No discussions will be held in the general sessions.

 SESSIONS OF THE SECTIONS.
- Art. 9. These sessions will be held from 9 to 12 a.m. and from 3 to 5 p.m., in the places that may be designated by the organizing committee. They shall be presided over by the president of each section, alternating with the vice presidents of each one of the nations that are represented in the respective sections.
- Art. 10. The person who may be appointed by the committee of organization, will be the ex-officio secretary of each section, and he will fill his post alternately with the secretaries of the nations who may be represented in the sections; but should the latter not be present, their places will be supplied by the president in office.
- Art. 11. The president will direct the discussion in accordance with the order of the day, and will decide all questions that may arise, and that may not be provided for in these regulations.
- Art. 12. The ex-officio secretary will make out the minutes, and for that purpose, besides his own notes, will collect those of the secretaries who may have acted in the section. He will also collect from the persons who may have spoken, the written extracts referred to in article 19.
- Art. 13. All questions relating to the debates which are not provided for in these regulations, will be decided in accordance with general parliamentary practice.
- Art. 14. The voting will be by name or putting the question.
- PAPERS, EXTRACTS THEREOF AND DISCUSSIONS IN THE SESSIONS OF THE SECTIONS.
 - Art. 15. All papers will be presented in writing.
- Art. 16. Each author will forward to the secretary of the organizing committee in the City of Mexico and before the 1st day of August of the present year, an extract not exceeding 300 words, of the paper to be presented by him. These extracts will be printed in English, French and Spanish and will be distributed to the members of the congress, before the session in which they are to be read.
- Art. 17. No paper will be announced which is not accompanied by this extract; but the authors who comply with

these conditions, will have a right to have their work published intact in the transactions of the congress.

- Art. 18. The reading of the papers in the sessions must not last more than twenty minutes: when the papers are so long that they cannot be read within that time, the authors will give extracts from them, either in writing or by speech; but they will be published intact in the transactions of the congress and in the language in which they have been written.
- Art. 19. The extracts referred to in the preceding article will be delivered at the same time as the papers, to the secretary of the section to which they pertain.
- Art. 20. The members of the congress who may take part in the discussions in any section will present their speeches in writing at the termination of the sessions, to the respective secretaries of such sections and they will also be published in the transactions.
- Art. 21. The papers which have been announced for reading in the order of the day in each section, will serve as subjects for discussion. In such discussions, no speaker will be allowed to speak more than once and for five minutes; but the author of the paper under discussion, will be allowed to reply, if he considers it necessary, in one sole speech, which will not go beyond ten minutes.

AUXILIARY COMMITTEES IN THE MEXICAN REPUBLIC.

Art. 22. These committees will be appointed by the committee of organization and will be composed of one member for each local medical society, or in their absence, of one physician for every center of population. They will coöperate with the committee of organization in promoting the success of the congress. Said committees will be appointed during the first months of the present year.

EXECUTIVE COMMITTEE.

Art. 23. In order to form this committee, the organizing committee will appoint seven members, including the president, secretary, treasurer, and the Mexican representative in the international executive committee, and such members will attend to everything relating to the business of the congress, in accordance with the regulations that they may adopt for that purpose.

DR. MANUEL CARMONA Y VALLE, DR. RAFAEL LAVISTA,

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Mexico, January, 1896.



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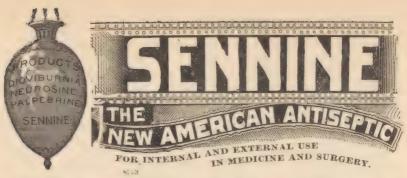
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The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the Lancet-Clinic, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

R Antikamnia Tablets (5 gr. each), No. xxx. Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that un-

less the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

R Antikamnia & Quinine Tablets, No. xxx. Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

R Antikamnia & Salol Tablets, No. xxx.

Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

R Antikamnia & Codeine Tablets, No. xxx. Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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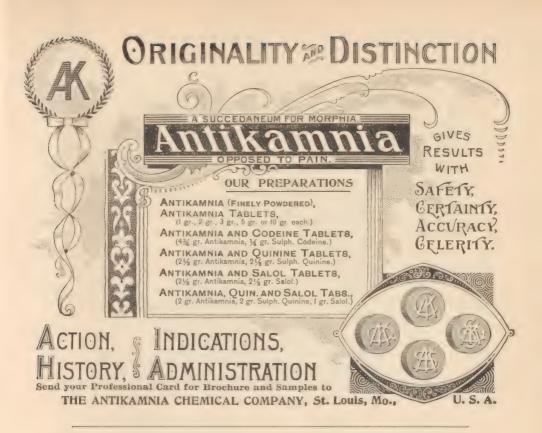
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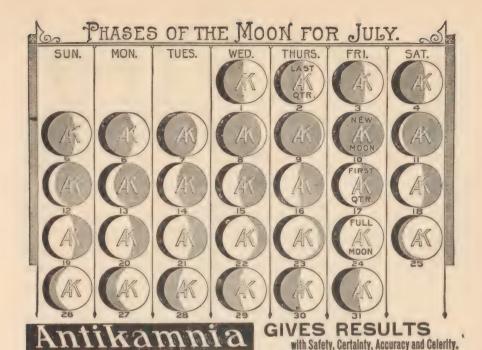
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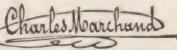
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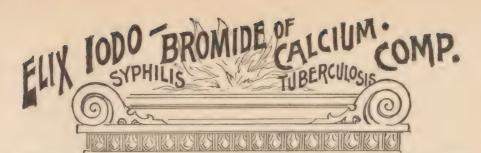
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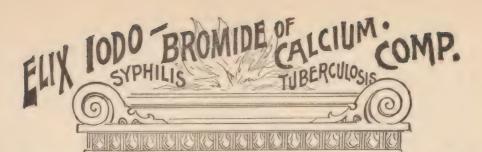
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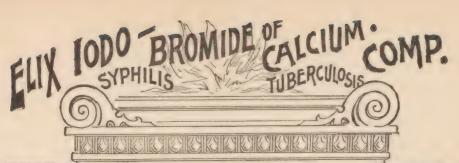
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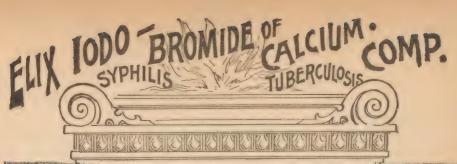
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JANUARY, 1896.

NUMBER 7.

THE

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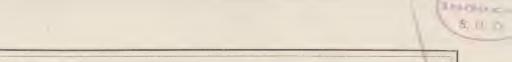
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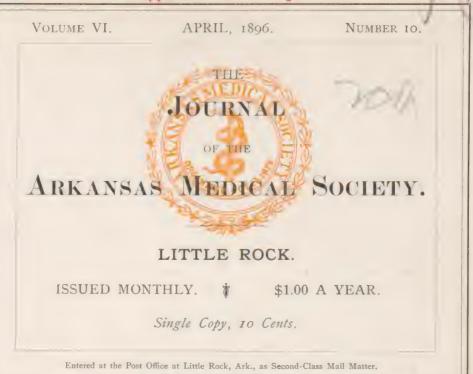
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